



## JONATHAN STEVEN DAITCH

### License Number: ME60798

Data As Of 8/16/2025

Profession	Medical Doctor
License	ME60798
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/27/1991
Address of Record	8255 COLLEGE PARKWAY SUITE 200 FT MYERS, FL 33919
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DAITCH, JONATHAN STEVEN	60798	MEDICAL DOCTOR	FT MYERS	FL	200426014	OBLIGATION(S) SATISFIED
DAITCH, JONATHAN STEVEN	60798	MEDICAL DOCTOR	FT MYERS	FL	201012773	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DAITCH, JONATHAN STEVEN	60798	MEDICAL DOCTOR	FT MYERS	FL	200426014	AC FILED
DAITCH, JONATHAN STEVEN	60798	MEDICAL DOCTOR	FT MYERS	FL	201012773	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

- 1. Full name and license number of the practitioner;
- 2. Name and address where documents are to be sent; and
- 3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
ADVANCED PAIN MANAGEMENT, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/3/2009

Click on the License Number to view License Details for that Practitioner

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