STEVE ELLIOT MEADOWS M.D.

License Number: ME67441

Data As Of 8/15/2025

Profession Medical Doctor
License ME67441
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 12/14/1994

Address of Record 4800 LINTON BLVD.

BLDG. A-201

No

DELRAY BEACH, FL 33445

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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
BARTL, JUSTIN MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104893 8/21/2018
GUAMAN, EDISSON ANDRES MR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110396 11/17/2017
PREWITT, JOSHUA BRAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113173 8/3/2020

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

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