



## FRANK THEODORE CANTRELL

License Number: ME68432

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME68432
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	05/25/1995
Address of Record	HCA FLORIDA LAKE MONROE HOSPIT 1401 W SEMINOLE BLVD SANFORD SANFORD, FL 32771
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
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
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200227123	OBLIGATION(S) SATISFIED
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200569621	OBLIGATION(S) SATISFIED
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200606324	OBLIGATION(S) SATISFIED
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200615481	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200227123	AC FILED
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200569621	AC FILED
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200606324	AC FILED
CANTRELL, FRANK THEODORE	68432	MEDICAL DOCTOR	SANFORD	FL	200615481	AC FILED

## 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
<a href="#">MCFEE, PAUL ANTHONY</a>	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2624	8/3/2017

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

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