Florida HEALTH Department of Health

JAMES ALBERT YOUNG

License Number: OS7670

Data As Of 11/8/2026

Profession	Osteopathic Physician
License	OS7670
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2028
License Original Issue Date	06/11/1998
Address of Record	115 International Pkwy STE 101 LAKE MARY, FL 32746
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1976 SR 44 Suite 1976
NEW SMYRNA BEACH, FL 32168

Address
7653 Turkey Lake Rd
ORLANDO, FL 32819

Address
236 Seabreeze Blvd
DAYTONA , FL 32117

Address
400 W Fairbanks avenue
WINTER PARK, FL 32789

Address
8550 NE 138th Lane
THE VILLAGES, FL 32159

Address
861 Oakley Seaver Drive
CLERMONT, FL 34711

Address
851 Dunlawton Ave 103
PORT ORANGE, FL 32129

Address
165 Wekiva Springs Rd suite C-135
LONGWOOD, FL 32779

Address
3861 Northdale Blvd
TAMPA, FL 33624

Address
303 SE 17th #309
OCALA, FL 34471

Address
18770 US-441 S
MOUNT DORA, FL 32757

Address
6982 Lake Nona Blvd suite 110
ORLANDO, FL 32827
Address
27440 Cashford Circle suite 102
WESLEY CHAPEL, FL 33544
Address
101 Lake Avenue #1
ORLANDO, FL 32801
Address
1407 First Street
SARASOTA, FL 34236
Address
105 E Jackson street
TAMPA, FL 33602
Address
2745 SR FL 580 suite 101
CLEARWATER, FL 33761

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
BENJAMIN, JONATHAN P	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101827	10/26/2026
CHAPUT, ANDREA MICHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105370	10/20/2026
SINGLETON, ROBERT DREW	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113233	3/6/2026
SINGLETON, ROBERT DREW	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113233	3/6/2026
YATTAW, KEITH IVAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3577	10/19/2026

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

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