



## MUHAMMAD AMIR KHAN

### License Number: ME74021

Data As Of 1/29/2026

Profession	Medical Doctor
License	ME74021
License Status	Clear/Active
Qualifications	Dispensing Practitioner STATE OF PRINCIPAL LICENSURE
License Expiration Date	1/31/2027
License Original Issue Date	08/22/1997
Address of Record	8866 Darlene Dr ORLANDO, FL 32836
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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	Effective License	Date
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3866	8/31/2010

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CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3865	8/31/2010
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3871	8/31/2010
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3864	8/31/2010
MENDEZ, GINA VERONICA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106567	3/3/2025

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

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