Florida HEALTH Department of Health

CURTIS LEE BEAUREGARD

License Number: ME74193

Data As Of 11/16/2026

Profession	Medical Doctor
License	ME74193
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	09/16/1997
Address of Record	12468 Brantley Commons Ct FORT MYERS, FL 33907
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address
1405 W. Colonial Drive Suite B
ORLANDO, FL 32804

Address
16105 N Florida Ave Suite A
LUTZ, FL 33549

Address
141 E Central Ave Suite 310
WINTER HAVEN, FL 33880

Address
1711 Amazing Way Suite 209
OCOEE, FL 34761

Address
3155 Harbor Blvd. Suite 101
PORT CHARLOTTE, FL 33952

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BEAUREGARD, CURTIS LEE	74193	MEDICAL DOCTOR	FORT MYERS	FL	201201435	PROBATION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BEAUREGARD, CURTIS LEE	74193	MEDICAL DOCTOR	FORT MYERS	FL	201201435	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
ANDRADE, DENISE LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100997	10/27/2026
DORRANCE, LEWIS J	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2335	1/3/2024

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address
1405 W. Colonial Drive Suite B
ORLANDO, FL 32804
Address
16105 N Florida Ave Suite A
LUTZ, FL 33549
Address
141 E Central Ave Suite 310
WINTER HAVEN, FL 33880
Address
1711 Amazing Way Suite 209
OCOEE, FL 34761
Address
3155 Harbor Blvd. Suite 101
PORT CHARLOTTE, FL 33952

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BEAUREGARD, CURTIS LEE	74193	MEDICAL DOCTOR	FORT MYERS	FL	201201435	PROBATION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BEAUREGARD, CURTIS LEE	74193	MEDICAL DOCTOR	FORT MYERS	FL	201201435	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
ANDRADE, DENISE LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100997	10/27/2026
DORRANCE, LEWIS J	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2335	1/3/2024

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.