



## DAVID STEPHEN KLEIN

### License Number: ME81513

Data As Of 4/28/2025

Profession	Medical Doctor
License	ME81513
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	11/27/2000
Address of Record	1917 BOOTHE CIRCLE LONGWOOD, FL 32750
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
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
KLEIN, DAVID STEPHEN	81513	MEDICAL DOCTOR	LONGWOOD	FL	200328092	OBLIGATION(S) SATISFIED
KLEIN, DAVID STEPHEN	81513	MEDICAL DOCTOR	LONGWOOD	FL	201312592	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
KLEIN, DAVID STEPHEN	81513	MEDICAL DOCTOR	LONGWOOD	FL	200328092	AC FILED
KLEIN, DAVID STEPHEN	81513	MEDICAL DOCTOR	LONGWOOD	FL	201312592	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	Effective License	Date
CUTILLAR, LYNDON LAGUNZAD	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103647	2/19/2024
PAIN CENTER OF ORLANDO, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2402	10/15/2009

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

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