## **DAVID STEPHEN KLEIN**

### License Number: ME81513

Data As Of 12/17/2025

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

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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	License	Effective Date
CUTILLAR, LYNDON LAGUNZAD	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103647	2/19/2024
EPIGENETIX SPA BY VENUS	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1868	9/10/2025
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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