



DEBRA SUE ANDREE

License Number: ME84279

Data As Of 12/13/2025

Profession	Medical Doctor
License	ME84279
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	02/15/2002
Address of Record	840 MERCY DR ORLANDO, FL 32808
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

509 Cagan View Rd
CLERMONT, FL 34714

Address

618 FOREST AVE
APOPKA, FL 32704

Address

13275 WEST COLONIAL DR
WINTER GARDEN, FL 34787

Address

225 EAST SEVENTH ST
APOPKA, FL 32703

Address

19108 EAST COLONIAL DR
ORLANDO, FL 32820

Address

225 NORTH FIRST ST
LEESBURG, FL 34748

Address

849 GREENWAY PROFESSIONAL CT
ORLANDO, FL 32824

Address

1296 WEST BROAD ST
GROVELAND, FL 34736

Address

212 EAST MAIN ST
TAVARES, FL 32778

Address

110 S WOODLAND ST
WINTER GARDEN, FL 34787

Address

7900 FOREST CITY RD
ORLANDO, FL 32810

Address

7912 FOREST CITY RD

ORLANDO, FL 32810

[Address](#)

2140 N Wickham Dr Suite C

CLERMONT, FL 34711

[Address](#)

603 S Main ST Suite 150

WINTER GARDEN, FL 34787

[Address](#)

1210 E Plant St Suite 100

WINTER GARDEN, FL 34787

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
BAKSH, NAZEEKA SHEHRAZADE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105375	8/16/2016

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

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