



MICHAEL WILLIAM STEPPIE

License Number: ME88443

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME88443
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	08/13/2003
Address of Record	2205 N Blvd West DAVENPORT, FL 33837
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1655 EAST STATE ROAD 50 STE 201
CLERMONT, FL 34711

Address

1389 US HIGHWAY 301
SUMTERVILLE, FL 33585

Address

531 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

Address

1132 CYPRESS GLEN CIRCLE
KISSIMMEE, FL 34714

Address

3715 Lake Center Drive
MOUNT DORA, FL 32757

Address

1403 MEDICAL PLAZA DRIVE
SANFORD, FL 32771

Address

400 CELEBRATION PLACE A 120
CELEBRATION, FL 34747

Address

3106 17TH STREET
SAINT CLOUD, FL 34769

Address

725 EAST OAK STREET
KISSIMMEE, FL 34744

Address

106 BOSTON AVENUE STE 100
ALTAMONTE SPRINGS, FL 32701

Address

7824 LAKE UNDERHILL ROAD STE J
ORLANDO, FL 32822

Address

530 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761

Address

7932 W SAND LAKE ROAD STE 202
ORLANDO, FL 32819

Address

339 CYPRESS PARKWAY STE 100
POINCIANA, FL 34758

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
FORMAN, OLGA SAPRYGINA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104884	11/12/2020
MONTELEONE, MARIO JOHN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100983	11/12/2020

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

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