Florida HEALTH Department of Health

EDWIN WILLIAM MALDONADO BURDETTE

License Number: ME92323

Data As Of 11/16/2026

Profession	Medical Doctor
License	ME92323
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	12/29/2004
Address of Record	1049 S State Rd 7 WELLINGTON, FL 33414
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address
160 Congress park dr #101
DELRAY BEACH, FL 33445

Address
6415 Lake Worth Rd Suite 307
GREENACRES, FL 33463

Address
1600 S federal Hwy #611
POMPANO BEACH, FL 33062

Address
3335 BURNS RD SUITE 300
PALM BEACH GARDENS, FL 33410

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MALDONADO BURDETTE, EDWIN WILLIAM	92323	MEDICAL DOCTOR	WELLINGTON	FL	201017974	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MALDONADO BURDETTE, EDWIN WILLIAM	92323	MEDICAL DOCTOR	WELLINGTON	FL	201017974	AC FILED

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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

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

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