



## BANJI OLUSIJI AWOSIKA

License Number: ME90977

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME90977
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	07/23/2004
Address of Record	301 SW Crown Point Road SUITE 120 WEST ORANGE NEPHROLOGY WINTER GARDEN, FL 34787
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

587 EAST S.R. 434 SUITE 1011 WEST ORANGE NEPHROLOGY  
LONGWOOD, FL 32750

#### Address

828 MERCY DRIVE Suite 3 WEST ORANGE NEPHROLOGY  
ORLANDO, FL 32808

#### Address

1743 Park Center Drive Suite 345  
ORLANDO, FL 32835-7620

#### Address

7960 Forest City Road Suite 104  
ORLANDO, FL 32810

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
AWOSIKA, BANJI OLUSIJI	90977	MEDICAL DOCTOR	WINTER GARDEN	FL	202139364	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
AWOSIKA, BANJI OLUSIJI	90977	MEDICAL DOCTOR	WINTER GARDEN	FL	202139364	AC FILED

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
WEST ORANGE NEPHROLOGY LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3081	1/15/2010

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

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