### **BARRY K BUTLER**

### License Number: ME100125

Data As Of 4/30/2025

Profession Medical Doctor License ME100125 License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 10/05/2007

Address of Record 3800 COLONIAL BLVD

SUITE 200

Yes

FORT MYERS, FL 33966

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

6710 Winkler Rd FT MYERS, FL 33919

# 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
KING, AMANDA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108208	5/24/2018

Name	Relationship	Profession	License	Effective Date
VIGUE-ADAIR, STACY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113799	10/14/2020

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

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