

### **DAVID CHANG YI**

## License Number: ME103801

Data As Of 10/20/2025

Profession Medical Doctor
License ME103801
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 02/23/2009

Address of Record 92 E. Mitchell-Hammock Road

Suite 1006

No

OVIEDO, FL 32765

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

2438 S Kirkman Rd ORLANDO, FL 32811

#### Address

13935 Landstar Blvd #150 ORLANDO, FL 32824

### Address

7460 University Blvd Suite 110 WINTER PARK, FL 32792

#### Address

901 Currency Circle Unit 1001 LAKE MARY, FL 32746

### Address

5102 W State Road 46 SANFORD, FL 32771

#### Address

410 E Altamonte Drive Suite 1020 ALTAMONTE SPRINGS, FL 32701

#### Address

8972 Turkey Lake Road Suite A400

ORLANDO, FL 32819

### Address

805 County Road 466 LADY LAKE, FL 32159

#### Address

1328 N Woodland Blvd DELAND, FL 32720

#### Address

628 Cagan View Rd Suite 3 & 4 CLERMONT, FL 34714

#### Address

5845 Winter Garden Vineland Rd WINDERMERE, FL 34786

#### Address

4670 Marigold Ave 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
JOHNSON, CHRISTOPHER LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110531 11/29/2023
LUCAS, CHELSIE LEIGH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110798 4/1/2025
LUCAS, CHELSIE LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110798 4/1/2025
PARKER, DALLAS ELLEN SEIDMAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115088 12/7/2024

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

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