## DALLAS ELLEN SEIDMAN PARKER

## License Number: PA9115088

Data As Of 10/20/2025

Profession Physician Assistant

License PA9115088
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 09/29/2021

Address of Record 92 E Mitchell Hammock Rd STE 1

OVIEDO, FL 32765

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

410 E Altamonte Dr #1020 ALTAMONTE SPRINGS, FL 32701

#### Address

13935 Landstar Blvd #150 ORLANDO, FL 32824

#### Address

2438 S Kirkman Rd ORLANDO, FL 32811

## Address

805 County Rd 466 LADY LAKE, FL 32159

#### Address

628 Cagan View Rd; Ste. 3&4 CLERMONT, FL 34714

### Address

5845 Winter Garden Vineland Ro WINDERMERE, FL 34786

#### Address

8972 Turkey Lake Rd South; Ste

ORLANDO, FL 32819

#### Address

1328 N Woodland Blvd DELAND, FL 32720-2203

### Address

4670 Marigold Ave POINCIANA, FL 34758

#### Address

7460 University Blvd, Ste 110 WINTER PARK, FL 32792

### Address

901 Currency Cir, Unit 1001 LAKE MARY, FL 32746

Address

## 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.

# **Supervising Practitioners**

Name	Relationship	Profession	License	Effective Date
YI, DAVID CHANG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103801	12/07/2024

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

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