



DAVID LOWELL WILLIAMS

License Number: ME35686

Data As Of 8/4/2025

Profession Medical Doctor

License ME35686

License Status Clear/Active

License Expiration Date 1/31/2026

License Original Issue Date 10/12/1979

Address of Record This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

Address of Record NOT PRACTICING

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-malignant Pain)

Discipline on File Yes

Public Complaint No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---------------------------|---------|-------------------|------|-------|-----------|--------------------------------------|
| WILLIAMS, DAVID LOWELL | 35686 | MEDICAL DOCTOR | | | 199816607 | OBLIGATIONS IMPOSED-OTHR PENAL |

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 |
|------------------------|---------------------------------|-----------------------|---------|----------------|
| FLYNN, MEGAN ANN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106001 | 5/31/2016 |
| SICKINGER, BARTON GLEN | SUBORDINATE | OSTEOPATHIC PHYSICIAN | 5006 | 12/4/2020 |

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

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