



MICHAEL M GUTIERREZ

License Number: ME50355

Data As Of 4/30/2026

Profession	Medical Doctor
License	ME50355
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	04/27/1987
Address of Record	100 W. GORE ST. 602 ORLANDO, FL 32806
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

519 N DIXIE FWY
NEW SMYRNA BEACH, FL 32168

Address

91 Scenic Gulf Dr Suite 200
MIRAMAR BEACH, FL 32550

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GUTIERREZ, MICHAEL M	50355	MEDICAL DOCTOR	ORLANDO	FL	200910381	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GUTIERREZ, MICHAEL M	50355	MEDICAL DOCTOR	ORLANDO	FL	200910381	AC FILED

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
CRILE, COLBY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109879	12/12/2016
HOPSON, BRENT DAVIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105356	10/31/2018
MID-FLORIDA DERMATOLOGY ASSOCIATES, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1707	3/9/2009
RAUSCH, KRISTYN MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111621	10/18/2018

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

519 N DIXIE FWY
NEW SMYRNA BEACH, FL 32168

Address

91 Scenic Gulf Dr Suite 200
MIRAMAR BEACH, FL 32550

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GUTIERREZ, MICHAEL M	50355	MEDICAL DOCTOR	ORLANDO	FL	200910381	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GUTIERREZ, MICHAEL M	50355	MEDICAL DOCTOR	ORLANDO	FL	200910381	AC FILED

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	Effective License	Date
CRILE, COLBY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109879	12/12/2016
HOPSON, BRENT DAVIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105356	10/31/2018
MID-FLORIDA DERMATOLOGY ASSOCIATES, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1707	3/9/2009
RAUSCH, KRISTYN MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111621	10/18/2018

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.