



MATT L LEAVITT

License Number: OS5365

Data As Of 8/4/2025

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| Profession | Osteopathic Physician |
| License | OS5365 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 3/31/2026 |
| License Original Issue Date | 09/30/1987 |
| Address of Record | 260 LOOKOUT PLACE SUITE 103 MAITLAND, FL 32751 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1410 W Broadway Suite 205
OVIEDO, FL 32765

Address

1816 Salk Avenue
TAVARES, FL 32778

Address

80 W. Grant Street Suite 117
ORLANDO, FL 32806

Address

9368 NARCOOSSEE ROAD SUITE 104
ORLANDO, FL 32827

Address

851 Outer Road Suite 200
ORLANDO, FL 32814

Address

2915 Lakeview Drive Suite 2021
FERN PARK, FL 32730

Address

1801 Lee Road Suite 115 & 175
WINTER PARK, FL 32789

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 |
|--|---------------------------------|---|---------|----------------|
| CROES, CASEY ROBERTS | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114402 | 5/9/2025 |
| CROES, CASEY ROBERTS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114402 | 5/9/2025 |
| GARRIGUS, ROBERT PAUL | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109653 | 7/15/2025 |
| LEAVITT MEDICAL ASSOCIATES OF FLORIDA, I | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 3155 | 1/28/2010 |
| LEAVITT MEDICAL ASSOCIATES OF FLORIDA, I | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 3156 | 1/28/2010 |
| LEAVITT MEDICAL ASSOCIATES OF FLORIDA, I | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 3157 | 1/28/2010 |
| LEAVITT MEDICAL ASSOCIATES OF FLORIDA, I | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 3173 | 1/28/2010 |
| LEAVITT MEDICAL GROUP | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 3187 | 1/28/2010 |
| NIEVES, BRANDON JOSHUA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107503 | 11/26/2018 |
| SIK, SARAH | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101340 | 7/11/2025 |
| SIK, SARAH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101340 | 3/20/2019 |
| TURNER, ISABELLA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108281 | 10/24/2019 |
| WILKS, SHAUNTE RENEE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109978 | 7/11/2025 |
| WILKS, SHAUNTE RENEE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109978 | 4/12/2017 |

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