Florida HEALTH Department of Health

VIVEK S DESAI MD

License Number: ME61521

Data As Of 10/29/2026

Profession	Medical Doctor
License	ME61521
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	02/21/1992
Address of Record	1267 W. OSCEOLA PARKWAY KISSIMMEE, FL 34741
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address
11325 LAKE UNDERHILL ROAD SUITE 103
ORLANDO, FL 32825

Address
13750 W. COLONIAL DRIVE SUITE 205
WINTER GARDEN, FL 34787

Address
3801 W. LAKE MARY BLVD. SUITE 123
LAKE MARY, FL 32746

Address
2322 EAST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34744

Address
620 S. Hunt Club Blvd
APOPKA, FL 32703

Address
145 Palm Bay Road
MELBOURNE, FL 32904

Address
131 SW Port St. Lucie Blvd
PORT ST. LUCIE, FL 32984

Address
10325 San Jose Bvld
JACKSONVILLE, FL 32257

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DESAI, VIVEK S	61521	MEDICAL DOCTOR	KISSIMMEE	FL	200429988	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DESAI, VIVEK S	61521	MEDICAL DOCTOR	KISSIMMEE	FL	200429988	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
CELESTIN, ROSE-MARIE ANITE D	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101370	10/21/2026
CRILE, COLBY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109879	11/15/2016
MOORE, CAITLYN POWER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108166	3/11/2019

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

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