



## MICHAEL DEAN WOLFINGTON

### License Number: OS6648

Data As Of 7/17/2025

Profession	Osteopathic Physician
License	OS6648
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	06/29/1993
Address of Record	1403 Highland Ave MELBOURNE, FL 32935
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

128 Lemon St. CARE TC  
COCOA, FL 32922

#### Address

315 E Strawbridge Ave  
MELBOURNE, FL 32901

#### Address

1087 S. Patrick Dr CARE ATC  
SATELLITE BEACH, FL 32937

#### Address

4107 N Himes Ave #101 CARE ATC  
BRANDON, FL 33511

#### Address

413 W ROBATSON AVE SUITE A CARE ATC  
BRANDON, FL 33511

#### Address

34650 US HIGHWAY 19 N #102 CARE ATC  
PALM HARBOR, FL 34683

#### Address

20186 CORTEY BLVD CARE ATC  
BROOKSVILLE, FL 34601

#### Address

15101 SHELL POINT BLVD CARE ATC  
FORT MYERS, FL 33903

#### Address

34650 US HIGHWAY 19 N #102 CARE ATC  
PALM HARBOR, FL 34683

#### Address

1620 S. SEACREST BLVD CARE ATC  
BOYNTON BEACH, FL 33435

#### Address

1403 Highland Ave

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
RYAN, DENNIS A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2201	8/22/2023

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

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