



## JOHANNE S. DUNN

## License Number: ME67782

Data As Of 1/26/2026

Professional	Medical Doctor
License	ME67782
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	02/24/1995
Address of Record	8972 Turkey Lake Rd Suite A400 ORLANDO, FL 32819
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

## Address

410 E ALTAMONTE DR #1020  
ALTAMONTE SPRINGS, FL 32701

## Address

13935 LANDSTAR BLVD #150  
ORLANDO, FL 32824

## Address

92 E MITCHELL HAMMOCK RD #1006  
OVIEDO, FL 32765

## Address

2438 S KIRKMAN RD  
ORLANDO, FL 32811

## Address

805 COUNTY RD 466  
LADY LAKE, FL 32159

## Address

628 CAGAN VIEW RD STE 3&4  
CLERMONT, FL 34714

## Address

5845 WINTER GARDEN VINELAND RD  
WINDERMERE, FL 34786

## Address

1328 N WOODLAND BLVD  
DELAND, FL 32720-2203

## Address

4670 MARIGOLD AVE  
POINCIANA, FL 34758

## Address

7460 UNIVERSITY BLVD STE 110  
WINTER PARK, FL 32792

## Address

901 CURRENCY CIR UNIT 10001

LAKE MARY, FL 32746

**Address**

5102 W SR 46  
SANFORD, FL 32771

## 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
PEREIRA, FABIO DAVID	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109957	12/1/2025

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

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