



FRANK THEODORE CANTRELL

License Number: ME68432

Data As Of 7/23/2025

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| Profession | Medical Doctor |
| License | ME68432 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 05/25/1995 |
| Address of Record | The Villages Regional Hospital 1451 El Camino Real THE VILLAGES, FL 32159 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------|---------|----------------|--------------|-------|-----------|-------------------------|
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200227123 | OBLIGATION(S) SATISFIED |
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200569621 | OBLIGATION(S) SATISFIED |
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200606324 | OBLIGATION(S) SATISFIED |
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200615481 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------|---------|----------------|--------------|-------|-----------|--------------|
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200227123 | AC FILED |
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200569621 | AC FILED |
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200606324 | AC FILED |
| CANTRELL, FRANK THEODORE | 68432 | MEDICAL DOCTOR | THE VILLAGES | FL | 200615481 | AC FILED |

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 |
|---------------------|---------------------------------|---------------------|---------|----------------|
| MCFEE, PAUL ANTHONY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2624 | 8/3/2017 |

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

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