

PRADIP BHARGAVAN BAIJU MD

License Number: ME90104

Data As Of 9/7/2026

Profession	Medical Doctor
License	ME90104
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	04/14/2004
Address of Record	908 W Magnolia Street KISSIMMEE, FL 34741
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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
BAIJU, PRADIP BHARGAVAN	90104	MEDICAL DOCTOR	KISSIMMEE	FL	202110516	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BAIJU, PRADIP BHARGAVAN	90104	MEDICAL DOCTOR	KISSIMMEE	FL	202110516	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
CAPLEY, BRITTNEY MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111126	11/14/2023

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

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