MICHAEL MADISON HOLLOWAY

License Number: ME89480

Data As Of 9/9/2025

Profession Medical Doctor
License ME89480
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 01/12/2004

Address of Record 2139-B N.E. 2ND STREET

OCALA, FL 34470

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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
HOLLOWAY, MICHAEL MADISON	89480	MEDICAL DOCTOR	OCALA	FL	200917758	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
HOLLOWAY, MICHAEL	89480	MEDICAL	OCALA	FL	200917758	AC FILED
MADISON		DOCTOR				

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

Please include the following:

Tallahassee, FL 32399-3251

- 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
WANN, JENNIFER ANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111266	8/22/2018

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

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