



FRANK A. FRAUNFELTER

License Number: ME91729

Data As Of 1/25/2026

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| Profession | Medical Doctor |
| License | ME91729 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 10/20/2004 |
| Address of Record | Ocala Regional Medical Center 1431 SW 1st Avenue OCALA, FL 34471 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

Crystal River Fire Rescue 650 NW 3rd ave
CRYSTAL RIVER, FL 34428

Address

505 NW Martin Luther King Ave
OCALA, FL 34475

Address

CF Ocala Campus 3001 SW College Road
OCALA, FL 34474

Address

CF Lecanto Campus 3800 S. Lecanto Highway
LECANTO, FL 34461

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 | Effective License Date | |
|--|---------------------------------|----------------------|------------------------|------------|
| HORN, JOHN A | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2200 | 6/4/2018 |
| MARION COUNTY FIRE RESCUE SERVICE | SERVICE PROVIDER | EMS SERVICE PROVIDER | 4204 | 10/1/2008 |
| OCALA-FIRE RESCUE SERVICE, CITY OF | SERVICE PROVIDER | EMS SERVICE PROVIDER | 4202 | 11/16/2010 |
| | ALS | ALS | | |
| VILLAGE CENTER COMMUNITY DEVELOPMENT DIS | SERVICE PROVIDER | EMS SERVICE PROVIDER | 10048 | 9/22/2022 |
| | ALS | ALS | | |

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

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