Florida HEALTH Department of Health

TODD ALAN WELLIVER M.D.

License Number: ME92061

Data As Of 10/29/2026

Profession	Medical Doctor
License	ME92061
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	11/23/2004
Address of Record	11551 SOUTHERN BLVD. ROYAL PALM BEACH, FL 33411
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
6300 N ANDREW AVENUE
FT LAUDERDALE, FL 33309

Address
2007 PALM BEACH LAKES BLVD. MD NOW
WEST PALM BCH, FL 33409

Address
9650 PINES BLVD
PEMBROKE PINES, FL 33024

Address
10081 W OAKLAND PARK
SUNRISE, FL 33351

Address
7007 W BROWARD BLVD
PLANTATION, FL 33317

Address
1770 NE MIAMI GARDENS DR UNIT 1
NORTH MIAMI BEACH, FL 33179

Address
6868 FOREST HILL BLVD
GREEN ACRES, FL 33413

Address
4036 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

Address
6240 CORAL RIDGE DRIVE #105
CORAL SPRINGS, FL 33076

Address
9060 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Address
2272 N. CONGRESS AVE
BOYNTON BEACH, FL 33426

Address

7035 BERACASA WAY
BOCA RATON, FL 33433
Address
4570 LANTANA ROAD SUITE 233
LAKE WORTH, FL 33463
Address
4714 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33417

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
CIRILLO, KRISTEN JANE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2623	7/21/2025
CIRILLO, KRISTEN JANE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2623	7/24/2025
FACTOR, CIDNEY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117545	7/21/2025
FACTOR, CIDNEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117545	1/14/2024
JOHNSON, TYESHIA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112794	7/21/2025
JOHNSON, TYESHIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112794	7/21/2025
MEYERS, GIORGIO EDOARDO	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114882	1/1/2026
MEYERS, GIORGIO EDOARDO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114882	1/1/2026
SPINKA, JAY ALLEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101432	10/21/2026
VALLE, HECTOR ANDRES	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112442	7/21/2025
VALLE, HECTOR ANDRES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112442	11/18/2024
WEXLER, ERIC MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112540	3/25/2026
WOODBRIDGE, GEORGES-CHRIS PA-C	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106907	8/20/2026
WOODBRIDGE, GEORGES-CHRIS PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106907	8/20/2026
ZINNANTI, STEPHEN ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106498	10/21/2026
ZULUAGA, MAURICIO	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117007	7/21/2025
ZULUAGA, MAURICIO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117007	1/14/2024

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

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