



DAVID LEON WILSON MD

License Number: ME97268

Data As Of 1/26/2026

Profession	Medical Doctor
License	ME97268
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	10/18/2006
Address of Record	9401 Summit Centre Way ORLANDO, FL 32810
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
KOBY, ADAM HENRY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	147313	07/24/2021

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
DUNSMORE, JOANN J	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103204	5/6/2016
HORN, JOHN A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2200	4/14/2016
POST, CYNTHIA SUE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3617	2/6/2017

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.