



DAVID ALAN POTOCHNIK

License Number: PA9106970

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9106970
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	10/31/2012
Address of Record	***** ** CONFIDENTIAL ***** *** CONFIDENTIAL ***** *** CONFIDENTIAL ***** *** CONFIDENTIAL ** , *****
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

8132 LeeVista Blvd
ORLANDO, FL 32829

[Address](#)

512 East Altamonte Drive Suite 1000
ALTAMONTE SPRINGS, FL 32701

[Address](#)

136 Parliament Loop suite 102
LAKE MARY, FL 32746

[Address](#)

968 W. Mitchell Hammock Rd Suite 1050
OVIEDO, FL 32765

[Address](#)

7751 Kingspointe Parkway Suite 114
ORLANDO, FL 32819

[Address](#)

10959 W. Colonial Drive Unit 6 & 8
OCOEE, FL 34761

[Address](#)

2323 South Orange Ave
ORLANDO, FL 32806

[Address](#)

3925 NW 43rd Street
GAINESVILLE, FL 32606

[Address](#)

720 SW 2nd Avenue Suite 160A
GAINESVILLE, FL 32601

[Address](#)

3581 SW Archer Rd Suite 40
GAINESVILLE, FL 32608

[Address](#)

2555 S. Kirkman Rd

ORLANDO, FL 32811

[Address](#)

3840 East State Rd 436 Suite 1000

APOPKA, FL 32703

[Address](#)

2415 SW College Rd

OCALA, FL 34471

[Address](#)

5355 Red bug Lake Rd

WINTER SPRINGS, FL 32708

[Address](#)

1414 E. Osceola Parkway

KISSIMMEE, FL 34744

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.

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