



ROYCE E HOOD JR

License Number: ME14494

Data As Of 9/30/2025

Profession	Medical Doctor
License	ME14494
License Status	Deceased/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2024
License Original Issue Date	12/31/1973
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 6/4/2020 1:39:14 PM Respondent's license is restricted as follows: in the event that Respondent employs a physician assistant (PA) or advanced registered nurse practitioner (ARNP) in his practice, said PA or ARNP must practice under direct supervision.

Secondary Locations

Address

1053 MEDICAL CENTER DRIVE SUITE 101
ORANGE CITY, FL 32763

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
HOOD, ROYCE E	14494	MEDICAL DOCTOR	DE LAND	FL	199505829	FINE
HOOD, ROYCE E	14494	MEDICAL DOCTOR	DE LAND	FL	200920295	OBLIGATION(S) SATISFIED
HOOD, ROYCE E	14494	MEDICAL DOCTOR	DE LAND	FL	201316209	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
HOOD, ROYCE E	14494	MEDICAL DOCTOR	DE LAND	FL	201316209	AC FILED
HOOD, ROYCE E	14494	MEDICAL DOCTOR	DE LAND	FL	200920295	AC FILED

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.

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.
