



JOCELYN PICHARDO

License Number: ACN161

Data As Of 9/10/2025

Profession	Area of Critical Need Medical Doctor
License	ACN161
License Status	Vol Relinquish/
License Expiration Date	1/31/2022
License Original Issue Date	10/28/1997
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)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

225 E. Seventh St. Community Health Centers Apopka
APOPKA, FL 32703

Address

7900 Forest City Rd. Community Health Center
ORLANDO, FL 32810

Address

849 Greenway Professional Ct. Community Health Center
ORLANDO, FL 32824

Address

6101 Lake Ellenor Dr. #106
ORLANDO, FL 32824

Address

618 S. Forest Ave Community Health Center
APOPKA, FL 32703

Address

210 E. 7th St Community Health Center
APOPKA, FL 32703

Address

509 Cagan View Rd Community Health Center
CLERMONT, FL 34714

Address

7912 Forest City Rd Community Health Centers
ORLANDO, FL 32810

Address

19108 E. Colonial Dr. Community Health Centers
ORLANDO, FL 32820

Address

225 N. First Street Community Health Centers
LEESBURG, FL 34748

Address

2140 N. Don Wickman Dr Community Health Centers
CLERMONT, FL 34711

Address

13275 W. Colonial Dr. Community Health Centers

ORLANDO, FL 34787

[Address](#)

1296 W. Broad Street Community Health Centers

GROVELAND, FL 34736

[Address](#)

212 E. Main Street Community Health Centers

TAVARES, FL 32778

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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