JOHN C COPPOLA

License Number: OS10832

Data As Of 8/27/2025

Profession Osteopathic Physician

License Status Clear/Active
License Expiration Date 3/31/2026
License Original Issue Date 11/18/2009

Address of Record 501 S. Orange Street

NEW SMYRNA BEACH, FL 32168

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

406B PALMETTO STREET

NEW SMYRNA BEACH, FL 32168-7323

Address

1175 DUNLAWTON AVENUE UNIT 102

PORT ORANGE, FL 32127

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;
- $2. \ \mbox{Name}$ 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
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Name	Relationship	Profession	License	Effective Date
ROSKEY, AMANDA KIMBERLY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116725	2/7/2023
ROSKEY, AMANDA KIMBERLY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116725	2/7/2023

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

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