### **HECTOR YOSUE MARTINEZ**

# License Number: ACN844

Data As Of 10/27/2025

Profession Area of Critical Need Medical Doctor

License ACN844
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 08/05/2016

Address of Record 1471-B East Osceola Pkwy KISSIMMEE, FL 34744

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

1735 East Hwy 50 Suite B CLERMONT, FL 34711

#### Address

737 South Semoran Blvd ORLANDO, FL 32807

#### Address

14075 Town Loop Blvd ORLANDO, FL 32837

### Address

327 W Oak Street KISSIMMEE, FL 34741

#### Address

1050 Cypress Parkway KISSIMMEE, FL 34759

## Address

3185 West Vine Street KISSIMMEE. FL 34741

### Address

7649 West Colonial Drive Suite 115 ORLANDO, FL 32818

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

# **Discipline Cases**

No Discipline Found

# **Public Complaints**

No Public Complaint Found

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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