



## ROSHNI PATEL

### License Number: ME112705

Data As Of 8/11/2025

Profession	Medical Doctor
License	ME112705
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	04/11/2012
Address of Record	840 MERCY DRIVE COMMUNITY HEALTH CENTERS, INC. ORLANDO, FL 32808
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

849 Greenway Professional Ct. Community Health Centers, Inc.  
ORLANDO, FL 32824

#### Address

1296 W. Broad Street Community Health Centers, Inc.  
GROVELAND, FL 34736

#### Address

212 E. Main Street Community Health Centers, Inc.  
TAVARES, FL 32778

#### Address

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

#### Address

225 E. Seventh Street Community Health Centers, Inc.  
APOPKA, FL 32703

#### Address

509 Cagan View Road Community Health Centers, Inc.  
CLERMONT, FL 34714

#### Address

13275 W. Colonial Drive Community Health Centers, Inc.  
WINTER GARDEN, FL 34787

#### Address

600 S. Dollins Avenue Lift Early Learning Center  
ORLANDO, FL 32805

### 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.

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.

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