## RATHI LAKSHMI JOSEPH DO

## License Number: OS12786

Data As Of 8/4/2025

Profession Osteopathic Physician

License Status OS12786

Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026
License Original Issue Date 06/10/2014

Address of Record 1671 N. Clyde Morris Blvd

Ste 100

Yes

DAYTONA BEACH, FL 32117

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

2720 rebecca lane suite 104 ORANGE CITY, FL 32763

### Address

1165 dunlawton avenue suite 101 PORT ORANGE, FL 32127

## Address

750 W Plymouth Ave, Suite B

DELAND, FL 32720

#### Address

501 S. ORANGE STREET PRC ASSCOIATES, LLC

NEW SMYRNA BEACH, FL 32168

#### Address

21 Hospital Dr. Suite, 120 PALM COAST, FL 32164

### Address

761 Stirling Center Pl LAKE MARY, FL 32746

#### Address

1545 Hand Ave Ste A1 ORMOND BEACH, FL 32174

## 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.

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1876	11/2/2022

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

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.