



## NICOLE E RODRIGUEZ

### License Number: ME138250

*Data As Of 1/12/2026*

|  |   |
|--|---|
| Professional   | Medical Doctor                                |
| License  | ME138250                                      |
| License Status   | Clear/Active                                  |
| License Expiration Date  | 1/31/2027                                     |
| License Original Issue Date  | 10/25/2018                                    |
| Address of Record  | 10325 San Jose Blvd<br>JACKSONVILLE, FL 32257 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

## Secondary Locations

### **Address**

131 SW Port St. Lucie Blvd  
PORT SAINT LUCIE, FL 34984

### **Address**

145 Palm Bay Road NE  
WEST MELBOURNE, FL 32904

### **Address**

2322 E Irlo Bronson Memorial Highway  
KISSIMMEE, FL 34744

### **Address**

1267 W Osceola Parkway  
KISSIMMEE, FL 34741

### **Address**

620 S Hunt Club Boulevard  
APOPKA, FL 32703

### **Address**

3801 W Lake Mary Boulevard Suite 123  
LAKE MARY, FL 32746

### **Address**

13750 W Colonial Drive Suite 250  
WINTER GARDEN, FL 34787

### **Address**

11325 Lake Underhill Road Suite 103  
ORLANDO, FL 32825

## 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 |
|----------------------|---------------------------------|---------------------|---------|----------------|
| MCGLINCHY, NICOLE    | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117184 | 4/18/2023      |
| MOORE, CAITLYN POWER | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108166 | 3/11/2019      |
| WADE, MICHELLE PINTO | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113264 | 12/4/2024      |

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.