



JOCELYN PICHARDO

License Number: ME152095

Data As Of 5/5/2025

Profession	Medical Doctor
License	ME152095
License Status	CLEAR/Active
License Expiration Date	1/31/2027
License Original Issue Date	07/28/2021
Address of Record	840 Mercy Drive 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](#)

710 S. Tampa Avenue
ORLANDO, FL 32805

[Address](#)

1210 E Plant St Suite 100
WINTER GARDEN, FL 34787

[Address](#)

603 S Main Street Suite 150
WINTER GARDEN, FL 34787

[Address](#)

2140 North Wickham Dr Suite C
CLERMONT, FL 34711

[Address](#)

7912 Forest City Road
ORLANDO, FL 32810

[Address](#)

7900 Forest City Road
ORLANDO, FL 32810

[Address](#)

110 South Woodland Street
WINTER GARDEN, FL 34787

[Address](#)

212 East Main Street
TAVARES, FL 32778

[Address](#)

1296 West Broad Street
GROVELAND, FL 34736

[Address](#)

849 Greenway Professional Ct
ORLANDO, FL 32824

[Address](#)

225 North First Street
LEESBURG, FL 34748

[Address](#)

19108 East Colonial Drive

ORLANDO, FL 32820

[Address](#)

225 East Seventh Street

APOPKA, FL 32703

[Address](#)

13275 West Colonial Drive

WINTER GARDEN, FL 34787

[Address](#)

618 Forest Ave

APOPKA, FL 32704

[Address](#)

509 Cagan View Rd

CLERMONT, FL 34714

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.

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