



KAYODE MOSHOOD BALOGUN

License Number: ACN1417

Data As Of 6/29/2025

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| Profession | Area of Critical Need Medical Doctor |
| License | ACN1417 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 04/01/2022 |
| Address of Record | 3200 SW 34th Ave. Suite 202 IMA Medical Group-Ocala OCALA, FL 34474 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Authorized to Order (Medical and Low-THC Cannabis) | Yes |
| Discipline on File | No |
| Public Complaint | Yes |

Secondary Locations

Address

7236 State Rd 52 Ste 13
PORT RICHEY, FL 34667

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------|---------|---|-------|-------|-----------|--------------|
| BALOGUN, KAYODE | 1417 | MEDI. DOCTOR-TEMP AREA OF CRITICAL NEED | OCALA | FL | 202300990 | AC FILED |

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.

Supervising Practitioners

| Name | Relationship | Profession | Effective License Date |
|--|--------------------------------|--------------------------------|------------------------|
| FLORIDA MEDICAL SPECIALISTS, LLC (DBA MA | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 10/30/2023 |

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

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