



## KAMILA ROSASCO

### License Number: PA9119676

Data As Of 8/18/2025

Profession	Physician Assistant
License	PA9119676
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	12/17/2024
Address of Record	1116 LUCERNE TERRACE WOMEN'S CARE DELANEY PARK OBGYN ORLANDO, FL 32806
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

3438 LAWTON RD., STE. 1A WOMEN'S CARE DELANEY PARK OBGYN  
ORLANDO, FL 32803

#### Address

9650 LAKE NONA VILLAGE PLACE WOMEN'S CARE DELANEY PARK OBGYN  
ORLANDO, FL 32827

#### Address

10917 DYLAN LOREN CIR., STE. B WOMEN'S CARE DELANEY PARK OBGYN  
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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ABATE, EDMUND III	SUPERVISING PRESCRIBING PRACTITIONER	PHYSICIAN ASSISTANT	9101934	03/18/2025
MERRITT, APRIL ANGEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	98426	03/18/2025

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.