



## JOSIE ROSENBAUM

### License Number: SI2639

Data As Of 12/22/2024

Profession Speech-Language Pathology Assistant  
 License SI2639  
 License Status DELINQUENT/  
 License Expiration Date 12/31/2023  
 License Original Issue Date 08/25/2015  
 Address of Record 3636 BECONTREE PLACE  
 OVIEDO, FL 32765  
 Discipline on File No  
 Public Complaint Yes  
 Alerts Enforcement Alert  
 4/24/2024 2:37:21 PM  
 Emergency Suspension Order filed 04/24/2024.

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

| Name             | License | Profession                          | City   | County   | State | Case #    | Action Taken | Action Date |
|------------------|---------|-------------------------------------|--------|----------|-------|-----------|--------------|-------------|
| ROSENBAUM, JOSIE | 2639    | SPEECH-LANGUAGE PATHOLOGY ASSISTANT | OVIEDO | SEMINOLE | FL    | 202413792 | ESO ISSUED   | 04/24/2024  |

#### Discipline Cases

No Discipline Found

#### Public Complaints

| Name             | License | Profession                          | City   | State | Case #    | Action Taken |
|------------------|---------|-------------------------------------|--------|-------|-----------|--------------|
| ROSENBAUM, JOSIE | 2639    | SPEECH-LANGUAGE PATHOLOGY ASSISTANT | OVIEDO | FL    | 202413792 | AC FILED     |
| ROSENBAUM, JOSIE | 2639    | SPEECH-LANGUAGE PATHOLOGY ASSISTANT | OVIEDO | FL    | 202415704 | 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.

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