



LOUIS CHAD BERGERON

License Number: PA9101072

Data As Of 1/12/2026

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| Profession | Physician Assistant |
| License | PA9101072 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 09/17/1999 |
| Address of Record | FLORIDA ORTHOPAEDIC ASSOCIATES 740 W PLYMOUTH AVE DELAND, FL 32720 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

1053 Medical Center Dr Ste 101
ORANGE CITY, FL 32763

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|-------------------------|---------|-----------------|--------|-------|-----------|----------------------------|
| BERGERON, LOUIS CHAD | 9101072 | PHYSICIAN ASSIS | DELAND | FL | 200907603 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-------------------------|---------|------------------------|--------|-------|-----------|--------------|
| BERGERON, LOUIS CHAD | 9101072 | PHYSICIAN ASSISTANT | DELAND | FL | 200907603 | 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 | License | Effective Date |
|-----------------------|--------------------------------------|----------------|---------|----------------|
| CHUA, RAYMUND MORELOS | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 95592 | 03/08/2025 |
| ESPINEL, ALFONSO LUIS | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 114272 | 03/11/2024 |
| LAVOIE, STEPHANE MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 74740 | 08/12/2024 |

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

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