



KAREN ELIZABETH ROSOCHOWICZ

License Number: PA9102293

Data As Of 5/13/2026

Profession	Physician Assistant
License	PA9102293
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	01/10/2003
Address of Record	7739 South Suncoast Blvd BAY DERMATOLOGY & COSMETIC SURGERY HOMOSASSA, FL 34446
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1009 Dale Mabry Hwy BAY DERMATOLOGY & COSMETIC SURGERY
LUTZ, FL 33548

[Address](#)

1130 Commercial Way BAY DERMATOLOGY & COSMETIC SURGERY
SPRING HILL, FL 34606

[Address](#)

7500 Gulf Blvd Ste B BAY DERMATOLOGY & COSMETIC SURGERY
SAINT PETERSBURG, FL 33706

[Address](#)

8220 US HIGHWAY 19 NORTH BAY DERMATOLOGY & COSMETIC SURGERY
PORT RICHEY, FL 34688-6639

[Address](#)

115 HIGHLAND AVE BAY DERMATOLOGY & COSMETIC SURGERY
LARGO, FL 33770

[Address](#)

34941 US 19 NORTH
PALM HARBOR, FL 34684

[Address](#)

7500 Gulf Blvd, B
ST PETE BEACH, FL 33706

[Address](#)

13100 Park Blvd.
SEMINOLE, FL 33776

[Address](#)

125 4th Avenue NE
SAINT PETERSBURG, FL 33701

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
WITFILL, KRISTIN JOAN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	9398	03/09/2026

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

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