KAREN ELIZABETH ROSOCHOWICZ

License Number: PA9102293

Data As Of 7/24/2025	
Profession	Physician Assistant
License	PA9102293
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	01/10/2003
Address of Record	1130 COMMERCIAL WAY
	SPRING HILL, FL 34606
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

34941 US 19 NORTH PALM HARBOR, FL 34684

Address

115 HIGHLAND AVE BAY DERMATOLOGY & COSMETIC SURGERY

LARGO, FL 33770

Address

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

Address

7500 Gulf Blvd Ste B BAY DERMATOLOGY & COSMETIC SURGERY

SAINT PETERSBURG, FL 33706

Address

7739 South Suncoast Blvd BAY DERMATOLOGY & COSMETIC SURGERY HOMOSASSA, FL 34446

Address

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

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:

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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