



RAMON ALVAREZ MD

License Number: ME63961

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME63961
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	05/12/1993
Address of Record	4510 Donald Ross rd PALM BEACH GARDENS, FL 33418
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

111 Se Ocesola st Ste 100
STUART, FL 34994

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ALVAREZ, RAMON	63961	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	200408999	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ALVAREZ, RAMON	63961	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	200408999	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BURR, SARAH NILA	AA	ANESTHESIOLOGIST ASSISTANTS	691	1/18/2024
BUZZELLA, BARBARA ANN	AA	ANESTHESIOLOGIST ASSISTANTS	172	1/16/2024
HOPPER, AMBER	AA	ANESTHESIOLOGIST ASSISTANTS	822	1/16/2024
MID-FLORIDA ANESTHESIA ASSOCIATES, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/30/2008
MID-FLORIDA ANESTHESIA ASSOCIATES, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4541	8/10/2011
MID-FLORIDA ANESTHESIA ASSOCIATES, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4542	8/10/2011
MID-FLORIDA ANESTHESIA ASSOCIATES, INC.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/30/2008

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.

Secondary Locations

Address

111 Se Ocesola st Ste 100
STUART, FL 34994

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ALVAREZ, RAMON	63961	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	200408999	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ALVAREZ, RAMON	63961	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	200408999	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BURR, SARAH NILA	AA	ANESTHESIOLOGIST ASSISTANTS	691	1/18/2024
BUZZELLA, BARBARA ANN	AA	ANESTHESIOLOGIST ASSISTANTS	172	1/16/2024
HOPPER, AMBER	AA	ANESTHESIOLOGIST ASSISTANTS	822	1/16/2024
MID-FLORIDA ANESTHESIA ASSOCIATES, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/30/2008
MID-FLORIDA ANESTHESIA ASSOCIATES, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4541	8/10/2011
MID-FLORIDA ANESTHESIA ASSOCIATES, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4542	8/10/2011
MID-FLORIDA ANESTHESIA ASSOCIATES, INC.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/30/2008

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.