CLIVE E ROBERSON

License Number: ME9904

License Original Issue Date

Data As Of 7/4/2025

Profession Medical Doctor
License ME9904
License Status Clear/Active
License Expiration Date 1/31/2026

Address of Record 1411 N FLAGLER DR

SUITE 3000

12/31/1973

WEST PALM BCH, FL 33401

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

210 JUPITER LAKES BOULEVARD BUILDING 5,000 SUITE 203

JUPITER, FL 33458

Address

900 S E Ocean Blvd D334

STUART, FL 34994

Address

10115 Forest Hill Blvd Suite 403

WELLINGTON, FL 33414

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HEMSTREET, LAUREN ASHLEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114056	10/15/2021
ROBERSON, ALLERGY & ASTHMA, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4205	3/21/2011

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

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