



AMARNATH REDDY VEDERE

License Number: ME76025

Data As Of 6/8/2025

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|--|---|
| Profession | Medical Doctor |
| License | ME76025 |
| License Status | CLEAR/Active |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 06/19/1998 |
| Address of Record | 3345 Burns Rd SUITE 105, 106, 206, 306 PALM BEACH GARDENS, FL 33410 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

3347 State Rd 7 Suite 203
WELLINGTON, FL 33449

Address

1500 N Dixie Hwy Suite 104B
WEST PALM BEACH, FL 33401

Address

532 W Sagamore Ave
CLEWISTON, FL 33440

Address

808 SW Glenview Ct Suites 812 and 814 and 818
PORT ST LUCIE, FL 34953

Address

2257 Highway 441 North Ste A
OCHEECHOBEE, FL 34972

Address

11786 SE Federal Hwy
HOBE SOUND, FL 33455

Address

4915 South Congress Ave Ste B & C
LAKE WORTH, FL 33461

Address

1200 S. MAIN ST. Ste 100A
BELLE GLADE, FL 33430

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 |
|---------------|---------------------------------|---------------------|---------|----------------|
| GALVAN, PAULA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116356 | 10/13/2022 |

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

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