



## MARICELIS IRIZARRY-ORTIZ

### License Number: ACN551

Data As Of 7/16/2025

Profession	Area of Critical Need Medical Doctor
License	ACN551
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	03/24/2014
Address of Record	7765 S CR 231 RECEPTION AND MEDICAL CENTER LAKE BUTLER, FL 32054
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

6041 SW 54th St Suite 100  
OCALA, FL 34474

[Address](#)

100 Marion Oaks Blvd  
OCALA, FL 34473

[Address](#)

4500 NW 152nd Lane  
REDDICK, FL 32686

[Address](#)

2553 E Silver springs Blvd  
OCALA, FL 34470

[Address](#)

1025 SW 1st Avenue  
OCALA, FL 34471

[Address](#)

717 SW MLK Jr Ave  
OCALA, FL 34471

[Address](#)

1330 SW 33rd Ave  
OCALA, FL 34474

[Address](#)

5051 SE 110th St  
BELLEVIEW, FL 34420

[Address](#)

19204 E Pennsylvania Ave  
DUNNELLON, FL 34432

### 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	Effective License Date
FLORIDA DEPARTMENT OF CORRECTIONS	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	05/15/2014

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

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