



JOHN JOSEPH MANRESA

License Number: PA9104747

Data As Of 7/17/2025

Profession	Physician Assistant
License	PA9104747
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/03/2008
Address of Record	12500 S. Apopka-Vineland Rd. ORLANDO, FL 32836
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

11550 University Blvd
ORLANDO, FL 32817

Address

3293 Greenwald Way
KISSIMMEE, FL 34741

Address

4660 13th St
SAINT CLOUD, FL 34769

Address

4451 West 1st St
SANFORD, FL 32771

Address

855 US Highway 17-92
LONGWOOD, FL 32750

Address

2948 West Lake Mary
LAKE MARY, FL 32746

Address

440 West Hwy 46
ALTAMONTE SPRINGS, FL 32714

Address

250 N. Alafaya Trail 135
ORLANDO, FL 32825

Address

8014 Conroy Windermere 104
ORLANDO, FL 32835

Address

855 S. Us Highway 1792
LONGWOOD, FL 32750

Address

3293 Greenwald Way N
KISSIMMEE, FL 34741

Address

3005 Daniels Rd
WINTER GARDEN, FL 34787

Address

12500 S. Apopka Vineland Rd
ORLANDO, FL 32836

Address

3099 Aloma Ave
WINTER PARK, FL 32792

Address

8201 W Irlo Bronson Mem
KISSIMMEE, FL 34747

Address

440 W. Highway 436
ALTAMONTE SPRINGS, FL 32714

Address

250 N. Alafaya Trl, Ste 135
ORLANDO, FL 32825

Address

4660 13th St Centracare St. Cloud
SAINT CLOUD, FL 34769

Address

2948 W. Lake Mary Blvd Centracare Lake Mary
LAKE MARY, FL 32746

Address

4451 W. 1st St. Centracare Sanford
SANFORD, FL 32771

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	License	Effective Date
TRINH, NICHOLAS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	87310	08/10/2016

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

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