



## RAUL DAVID DAVILA CORREA MD

License Number: ME79321

Data As Of 3/1/2026

Profession	Medical Doctor
License	ME79321
License Status	Revoked/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2024
License Original Issue Date	11/05/1999
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

264 NORTH BRIDGE STREET  
LABELLE, FL 33935

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202121736	REVOCATION
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202121736	REVOCATION
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202130940	REVOCATION
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202130940	REVOCATION

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202130940	AC FILED
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202130940	AC FILED
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202130940	AC FILED
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202121736	AC FILED
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202121736	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
DAVILA CORREA, RAUL DAVID	79321	MEDICAL DOCTOR	FORT MYERS	FL	202121736	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.

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