#### RAUL DAVID DAVILA CORREA MD

### License Number: ME79321

Data As Of 11/5/2025

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. Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File

Public Complaint

Yes

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	79321	MEDICAL	FORT MYERS	FL	202121736	AC FILED
DAVID		DOCTOR				

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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