



## ROCHEL GASTON GELINAS

License Number: ME81349

Data As Of 7/11/2025

Profession	Medical Doctor
License	ME81349
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/25/2000
Address of Record	2007 Palm Beach Lake Blvd WEST PALM BEACH, FL 33409
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

9650 PINES BLVD  
PEMBROKE PINES, FL 33024

### Address

2502 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064

### Address

12555 C BISCAYNE BLVD  
NORTH MIAMI, FL 33181

### Address

4570 LANTANA RD  
LAKE WORTH, FL 33463

### Address

11551 SOUTHERN BLVD  
ROYAL PLM BEACH, FL 33411

### Address

7035 BERACASA WAY  
BOCA RATON, FL 33433

### Address

6868 FOREST HILL BLVD  
GREENACRES, FL 33413

### Address

3470 NW 62ND AVE  
MARGATE, FL 33063

### Address

6300 N ANDREWS AVE  
FT LAUDERDALE, FL 33308

### Address

9060 N MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

### Address

2272 N CONGRESS AVE  
BOYNTON BEACH, FL 33426

### Address

2007 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409

Address

6240 CORAL RIDGE DR  
CORAL SPRINGS, FL 33442

Address

4036 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442

Address

601 LINTON BLVD  
DELRAY BEACH, FL 33444

Address

1770 NE MIAMI GARDENS DR  
NORTH MIAMI BEACH, FL 33179

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
FORTE, LOUISE M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3113	1/30/2024
VAN HARE, CHERYL LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111852	1/9/2024

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

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