## **ROCHEL GASTON GELINAS**

## License Number: ME81349

Data As Of 11/27/2025

Profession Medical Doctor
License ME81349
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028 License Original Issue Date 10/25/2000

Address of Record 2007 Palm Beach Lake Blvd WEST PALM BEACH, FL 33409

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

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	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3113	8/13/2025
FORTE, LOUISE M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3113	1/30/2024
VAN HARE, CHERYL LYNN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111852	8/23/2025
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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