



ANGEL O ROMAN MUNOZ

License Number: ACN747

Data As Of 8/4/2025

Profession	Area of Critical Need Medical Doctor
License	ACN747
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	12/01/2015
Address of Record	701 SR 50 Suite 731C Florida CLERMONT, FL 34711
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

703 E Hwy 50
CLERMONT, FL 34711

Address

5564 E. Grant St
ORLANDO, FL 32822

Address

4227 13TH ST
SAINT CLOUD, FL 34769

Address

865 Buenaventura Blvd.
KISSIMMEE, FL 34743

Address

2710 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

Address

8010 W Colonial Dr Unit 146-162
ORLANDO, FL 32818

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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	Effective License Date
DR. LAMA MEDICAL CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/18/2020

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

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