



## CLARENCE RICHARD GRAVES III

License Number: PA9106480

Data As Of 6/24/2025

Profession	Physician Assistant
License	PA9106480
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	03/20/2012
Address of Record	2150 SE Salerno Rd Ste 110 CLEVELAND CLINIC MARTIN HEALTH ORTHOPEDIC SURGERY DEPARTMENT STUART, FL 34997
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

200 Hospital Ave Martin Memorial Medical Center North  
STUART, FL 34994

### Address

2100 SE Salerno Rd. CLEVELAND CLINIC MARTIN HEALTH SOUTH  
STUART, FL 34997

### Address

10050 SW INNOVATION WAY MANN 1, STE. 201 CLEVELAND CLINIC TRADITION MEDICAL CTR  
PORT SAINT LUCIE, FL 34987

### Address

10000 INNOVATION WAY CLEVELAND CLINIC TRADITION MEDICAL CTR  
PORT SAINT LUCIE, FL 34987

### Address

1095 NW SAINT LUCIE WEST BLVD MARTIN MEDICAL CENTER AT ST. LUCIE WEST  
PORT SAINT LUCIE, FL 34986

### Address

2100 SE Salerno Rd  
STUART, FL 34997

### Address

1095 St. Lucie West Blvd  
PORT SAINT LUCIE, FL 34986

### Address

10000 SW Innovation Way  
PORT SAINT LUCIE, FL 34987

### Address

200 SE Hospital Ave CLEVELAND CLINIC MARTIN HEALTH SOUTH HOSPITAL  
STUART, FL 34994

## 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.

## Supervising Practitioners

Name	Relationship	Profession	Effective License	Date
ANAGO, KOSISOCHUKWU NKENNA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	137136	04/29/2019
BIGLIONE, ALEJANDRO GUSTAVO MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	78592	04/29/2019
CASAS-REYES, CARLOS EDUARDO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	113039	11/26/2019
DELAHAY, JOHN NORRIS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	137975	08/01/2021
EVANS, PETER JOHN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	143787	08/01/2021
FOWBLE, VINCENT ALLEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	94144	08/01/2021
HOU, KEVIN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	135279	04/30/2019
MASOOD, ASIF	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	100913	03/16/2019
MILLER, JEFFREY WILLIAM	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	136475	05/05/2020
PATEL, SHERI M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	131428	04/30/2019
REYES, ANDRES M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	100755	04/30/2019
ROSKI, RICHARD ARTHUR MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103866	11/26/2019
SPINDLER, KURT P	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	148995	08/01/2021
THUMMA, VIJAY BHASKER REDDY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	135589	04/30/2019
VILLANUEVA, HAZEL HONEYLET REDUAL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	142922	05/07/2020

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