



## RAYMUND MORELOS CHUA

License Number: ME95592

Data As Of 4/21/2026

Profession	Medical Doctor
License	ME95592
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/17/2006
Address of Record	2438 S Kirkman Road MDNOW West Orlando ORLANDO, FL 32811
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

410 SR-436 E UNIT1020  
ALTAMONTE SPRINGS, FL 32701

[Address](#)

5102 W SR 46  
SANFORD, FL 32771

[Address](#)

901 Currency Circle Unit 1001  
LAKE MARY, FL 32746

[Address](#)

8972 Turkey Lake Road  
ORLANDO, FL 32819

[Address](#)

805 County Road 466  
LADY LAKE, FL 32159

[Address](#)

1328 N Woodland Blvd  
DELAND, FL 32720

[Address](#)

92 E Mitchell Hammock Road  
OVIDO, FL 32765

[Address](#)

7460 University Blvd Suite 110  
WINTER PARK, FL 32792

[Address](#)

13935 Landstar Blvd Unit150  
ORLANDO, FL 32824

[Address](#)

628 US HWY 27 Suite 4  
CLERMONT, FL 34714

[Address](#)

5845 Winter Garden Vineland Rd  
WINDERMERE, FL 34786

### [Address](#)

4670 Marigold Avenue  
KISSIMMEE, FL 34758

## 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
BERGERON, LOUIS CHAD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101072	3/8/2025
GORDON, SETH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113034	7/10/2025
GORDON, SETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113034	11/14/2023
RAMSARUP, AVI	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110423	7/10/2025
RAMSARUP, AVI	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110423	11/15/2023

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

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