Florida HEALTH Department of Health

DANA ROBERT DESSER

License Number: OS10461

Data As Of 11/1/2026

Profession	Osteopathic Physician
License	OS10461
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2028
License Original Issue Date	08/11/2008
Address of Record	440 N State Rd 7 Ste 103 ROYAL PLM BEACH, FL 33411
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
875 Military Trail Ste 105
JUPITER, FL 33458

Address
10111 Forest Hill Blvd Ste 151
WELLINGTON, FL 33414

Address
10131 Forest Hill Blvd Ste 206
WELLINGTON, FL 33414

Address
460 N State Rd 7 Ste 303
ROYAL PLM BEACH, FL 33411

Address
460 N State Rd 7 Ste 300
ROYAL PLM BEACH, FL 33411

Address
440 N State Rd 7 Ste D
ROYAL PLM BEACH, FL 33411

Address
190 Congress Park Dr Unit 160
DELRAY BEACH, FL 33445

Address
10111 Forest Hill Blvd Ste 171
WELLINGTON, FL 33414

Address
440 N State Rd 7 STE A, B, C & 107
ROYAL PLM BEACH, FL 33411

Address
582 NW University Blvd Ste 100
PORT SAINT LUCIE, FL 34986

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
CENTER FOR BONE AND JOINT SURGERY	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/27/2010
EVANS, HENYA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106419	10/19/2026
RAMCHARITAR, ADITI ARISHTA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108151	5/1/2016
RAMCHARITAR, ADITI ARISHTA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108151	10/16/2026

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

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