



MARIA JOSE ALTARE

License Number: RN9398811

Data As Of 8/9/2025

Profession	Registered Nurse
License	RN9398811
License Status	Clear/Active
Qualifications	Single-state License
License Expiration Date	7/31/2026
License Original Issue Date	01/13/2015
Address of Record	12500 S Apopka Vineland Rd ORLANDO, FL 32836
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

15701 State Road 50 Suite 101
CLERMONT, FL 34711

Address

509 S. Semoran Blvd
ORLANDO, FL 32807

Address

3293 Greenwald Way North
KISSIMMEE, FL 34741

Address

8014 Conroy-Windermere Road Ste. 104
ORLANDO, FL 32835

Address

8201 W. Irlo Bronson Highway
KISSIMMEE, FL 34747

Address

4320 west vine street
KISSIMMEE, FL 34746

Address

440 W. Highway 436
ALTAMONTE SPRINGS, FL 32714

Address

19015 US Highway 441
MOUNT DORA, FL 32757

Address

8010 Red Bug Road
OVIEDO, FL 32765

Address

4451 West 1st Street
SANFORD, FL 32771

Address

11550 University BLVD
ORLANDO, FL 32817

Address

5810 S. Semoran Blvd
ORLANDO, FL 32822

Address

4320 W. Vine Street
KISSIMMEE, FL 34746

Address

1103 N. 14th Street
LEESBURG, FL 34748

Address

2609 South Orange Avenue
ORLANDO, FL 32806

Address

4660 13th Street
SAINT CLOUD, FL 34769

Address

630 N Bumby Avenue
ORLANDO, FL 32803

Address

2600 Westhall LN
MAITLAND, FL 32751

Address

2540 Lee Road
WINTER PARK, FL 32789

Address

2301 Sand Lake Road
ORLANDO, FL 32809

Address

3005 Daniels Rd
WINTER GARDEN, FL 34787

Discipline/Admin Action

Please also check the Discipline/Admin action of the other license by clicking on the "Other License" tab.

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.

Other License

Name	Relationship	Profession	License	Effective Date
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Name	Relationship	Profession	License	Effective Date
	APRN CONVERSION	ADVANCED PRACTICE REGISTERED NURSE	9398811	10/19/2018

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

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