Florida HEALTH Department of Health

RODGER VOJCEK

License Number: PA9120494

Data As Of 11/13/2026

Profession	Physician Assistant
License	PA9120494
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	07/25/2025
Address of Record	16521 US 301 S WIMAUMA, FL 33598
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
19027 Wingshooter Way
LUTZ, FL 33558

Address
22945 SR 54
LUTZ, FL 33549

Address
2810 W MLK Blvd
TAMPA, FL 33608

Address
13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address
13531 SR 54
ODESSA, FL 33556

Address
4949 4th Street N
SAINT PETERSBURG, FL 33703

Address
6182 N US HWY 41
APOLLO BEACH, FL 33572

Address
40545 US HWY 19N Unit A
TARPON SPRINGS, FL 34689

Address
5464 Lithia Pinecrest Drive
LITHIA, FL 33547

Address
564 Channelside Drive
TAMPA, FL 33602

Address
799 W Lumsden Road
BRANDON, FL 33511

Address
303 W Palm Ave

TAMPA, FL 33602

Address

3251 66th Street N

SAINT PETERSBURG, FL 33710

Address

7601 Seminole Blvd

SEMINOLE, FL 33772

Address

11406 S US HWY 301

RIVERVIEW, FL 33569

Address

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

Address

4505 Gunn Hwy

TAMPA, FL 33624

Address

11969 Sheldon Road

TAMPA, FL 33626

Address

3301 West Gandy Blvd

TAMPA, FL 33611

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.

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