



KURTIS AUBREY HOSTETTER

License Number: ME103141

Data As Of 12/23/2024

Profession	Medical Doctor
License	ME103141
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	11/04/2008
Address of Record	1403 MEDICAL PLAZA DRIVE SUITE 205 SANFORD, FL 32771
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

151 VICTORIA COMMONS BLVD. CAREHERE CITY OF DELAND
DELAND, FL 32724

Address

3840 E. State Road 436 Solantic, LLC
APOPKA, FL 32703

Address

7751 Kingspointe Parkway, Suite 114 Solantic, LLC
ORLANDO, FL 32819

Address

136 Parliament Loop, Suite 102 Solantic, LLC
LAKE MARY, FL 32746

Address

2555 S. Kirkman Road Solantic, LLC
ORLANDO, FL 32811

Address

2323 S. Orange Avenue Solantic, LLC
ORLANDO, FL 32806

Address

1403 MEDICAL PLAZA DRIVE, SUITE 208 CAREHERE CLINIC - CITY OF SANFORD
SANFORD, FL 32773

Address

310 ALEXANDRIA BLVD. CITY OF OVIEDO CARE HERE
OVIEDO, FL 32765

Address

170 SEMINOLE AVENUE CITY OF LAKE MARY CARE HERE
LAKE MARY, FL 32746

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
MENDEZ, GINA VERONICA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106567	7/31/2017
RAMSARUP, AVI	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110423	12/19/2018
RAMSARUP, AVI	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110423	12/19/2018

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

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