



ONIER VILLARREAL ALEJANDRO

License Number: ME113729

Data As Of 1/28/2026

Profession	Medical Doctor
License	ME113729
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	07/18/2012
Address of Record	Starkey Ranch ER & Hospital 2253 Heart Pine Ave ODESSA, FL 33556
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

6201 N Suncoast Blvd TGH North Crystal River
CRYSTAL RIVER, FL 34428

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
BAKER, MARSHA LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101651	2/22/2017
POST, CYNTHIA SUE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3617	9/13/2017

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

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