



## TRACEY ALICIA MCKREITH

License Number: ME116119

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME116119
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	05/14/2013
Address of Record	10251 west commercial Blvd SUNRISE, FL 33321
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

1205 NORTH UNIVERSITY DRIVE CARESPOT  
CORAL SPRINGS, FL 33071

[Address](#)

18203 PINES BLVD. CARESPOT  
PEMBROKE PINES, FL 33029

[Address](#)

10251 WEST COMMERCIAL BLVD. CARESPOT  
SUNRISE, FL 33351

[Address](#)

1611 SOUTH FEDERAL HIGHWAY CARESPOT  
POMPANO BEACH, FL 33062

[Address](#)

4450 STATE ROAD, SUITE 1 CARESPOT  
COCONUT CREEK, FL 33073

[Address](#)

9035 PINES BLVD. CARESPOT  
PEMBROKE PINES, FL 33024

[Address](#)

784 SE PRIMA VISTA BLVD. CARESPOT  
PORT SAINT LUCIE, FL 34952

[Address](#)

12080 Sw 127 ave Ste B-1 #107 ALOEWELL HEALTH LLC  
MIAMI, FL 33186

[Address](#)

18706 NW 67th ave  
HIALEAH, FL 33015

### 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
DIGGINS, LYSA THERESA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111574	11/25/2020
HUGHES, MEGAN ROSE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115316	1/1/2021
HUGHES, MEGAN ROSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115316	1/22/2022
ROSARIO, NATALIA MARI	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109791	6/5/2025
SUAREZ, CARLOS R	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2960	8/22/2018
SUAREZ, CARLOS R	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2960	3/7/2018
VACCARELLO, KEVIN JOSEPH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111495	6/5/2025

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

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