

## **AVI RAMSARUP**

# License Number: PA9110423

Data As Of 11/21/2025

Profession Physician Assistant

License PA9110423
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

Yes

License Expiration Date 1/31/2026
License Original Issue Date 06/12/2017

Address of Record 404 Dancing Water Dr

WINTER SPRINGS, FL 32708

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

13935 Landstar Blvd #150 ORLANDO, FL 32824

### Address

410 E Altamonte Dr #1020 ALTAMONTE SPRINGS, FL 32701

#### Address

92 E Mitchell Hammock Rd #1006

OVIEDO, FL 32765

## Address

2438 S Kirkman Rd ORLANDO, FL 32811

#### Address

805 County Rd 466 LADY LAKE, FL 32159

## Address

628 Cagan View Rd; Ste. 3&4 CLERMONT, FL 34714

## Address

5845 Winter Garden Vineland Rd WINDERMERE, FL 34786

### Address

8972 Turkey Lake Rd South; Suite A-400

ORLANDO, FL 32819

### Address

1328 N Woodland Blvd DELAND, FL 32720-2203

#### Address

4670 Marigold Ave POINCIANA, FL 34758

## Address

7460 University Blvd, Ste 110 WINTER PARK, FL 32792

#### Address

901 Currency Cir, Unit 1001 LAKE MARY, FL 32746

#### Address

5102 W SR 46 SANFORD, FL 32771

## 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.

# **Supervising Practitioners**

Name	Relationship	Profession	License	Effective Date
CHUA, RAYMUND MORELOS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	95592	07/10/2025
CHUA, RAYMUND MORELOS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	95592	11/15/2023
HOSTETTER, KURTIS AUBREY	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	103141	12/19/2018
HOSTETTER, KURTIS AUBREY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103141	12/19/2018

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

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