Florida HEALTH Department of Health

IRINA EDUARDOVNA RAKHMANINA

License Number: ME157323

Data As Of 11/22/2026

Profession	Medical Doctor
License	ME157323
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/03/2022
Address of Record	Fort Pierce Clinic 5550 South US Hwy 1 FORT PIERCE, FL 34982
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

Fort Pierce West Clinic 5000 Okeechobee Rd Suite C
FORT PIERCE, FL 34947

Address

Vero Beach North Clinic 640 21st
VERO BEACH, FL 32960

Address

Port St. Lucie East Clinic 1900 SE Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34952

Address

Port St. Lucie Southwest Clini 4007 SW Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34953

Address

Jensen Beach Clinic 1801 NE Jensen Beach Blvd
JENSEN BEACH, FL 34957

Address

St. Lucie West Clinic 1730 SW St. Lucie West Blvd
PORT ST. LUCIE, FL 34986

Address

Tradition clinic 10650 SW Tradition Pkwy
PORT SAINT LUCIE, FL 34987

Address

Vero Beach South Clinic 1150 US Highway 1
VERO BEACH, FL 32960

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
ANDERSON, JAMES TODD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116119	11/15/2023
LYNCH, CHRISTINE RENEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115860	11/15/2023
MICHEL, JOHANNIE CLAUDE FRANCOIS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113782	8/17/2024

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

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