



MADELEEN Y BURITICA

License Number: PA9116543

Data As Of 12/22/2024

Profession	Physician Assistant
License	PA9116543
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/28/2022
Address of Record	601 E Altamonte Dr ALTAMONTE SPRINGS, FL 32701
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2100 Ocoee Advent Health Metro
APOPKA, FL 32703-4147

Address

400 Celebration Place Advent Health Celebration EM ,PEDS EM
CELEBRATION, FL 34747-4970

Address

7727 Lake Underhill Rd Advent Health East Orlando EM,PEDS EM
ORLANDO, FL 32822-8224

Address

601 E Rollins Street AdventHealth Orlando-EM
ORLANDO, FL 32803-1248

Address

601 E Rollins Street AdventHealth for Children-PEDS, EM
ORLANDO, FL 32803-1248

Address

601 E Rollins Street AdventHealth For Children-PEDS, EM
ORLANDO, FL 32803-1248

Address

2450 N Orange Blossom Trail AdventHealth Kississmee-EM
LAKE HELEN, FL 32744-2316

Address

950 Rinehart Road
LAKE MARY, FL 32746-1555

Address

10080 Lake Nona Blvd
ORLANDO, FL 32827-7289

Address

8300 Red Bug Lake Rd
OVIEDO, FL 32765-6801

Address

7823 Palm Parkway
ORLANDO, FL 32836-6404

Address

2500 Irló Bronson Memorial Hwy
KISSIMMEE, FL 34744-4908

[Address](#)

12194 Lake Underhill Rd
ORLANDO, FL 32825

[Address](#)

2000 Fowler Ave
WINTER GARDEN, FL 34787-5050

[Address](#)

200 N Lakemont Ave
WINTER PARK, FL 32792

[Address](#)

1909 E Highway 50
CLERMONT, FL 34711-1921

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
DENNEY, CLIFFORD JOSEPH MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	106797	09/29/2022

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.