#### **KAMILA ROSASCO**

# License Number: PA9119676

Data As Of 10/29/2025

Profession Physician Assistant

License PA9119676 License Status Clear/Active Qualifications Prescribing License Expiration Date 1/31/2026 License Original Issue Date 12/17/2024

Address of Record 1116 LUCERNE TERRACE

WOMEN'S CARE DELANEY PARK OBGYN

ORLANDO, FL 32806

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No **Public Complaint** No

# **Secondary Locations**

3438 LAWTON RD., STE. 1A WOMEN'S CARE DELANEY PARK OBGYN ORLANDO, FL 32803

#### Address

9650 LAKE NONA VILLAGE PLACE WOMEN'S CARE DELANEY PARK OBGYN

ORLANDO, FL 32827

## Address

10917 DYLAN LOREN CIR., STE. B WOMEN'S CARE DELANEY PARK OBGYN ORLANDO, FL 32825

# 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 |
|----------------------|--------------------------------------|---------------------|---------|----------------|
| ABATE, EDMUND III    | SUPERVISING PRESCRIBING PRACTITIONER | PHYSICIAN ASSISTANT | 9101934 | 03/18/2025     |
| MERRITT, APRIL ANGEL | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR      | 98426   | 03/18/2025     |

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

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