



JOSE RAMON FERNANDEZ

License Number: ME63085

Data As Of 5/14/2026

Profession	Medical Doctor
License	ME63085
License Status	Clear/Active
Qualifications	Letter of Qualification STATE OF PRINCIPAL LICENSURE Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	10/09/1992
Address of Record	4509 Packard Ave ST CLOUD, FL 34772
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2040 Hwy A1A Suite 209-210
MELBOURNE, FL 32937

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.

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