



## OLUDAPO FOLARIN SOREMI

License Number: ME73889

Data As Of 8/21/2025

|  |   |
|--|---|
| Profession   | Medical Doctor                                    |
| License  | ME73889   |
| License Status   | Clear/Active                                      |
| Qualifications   | Dispensing Practitioner                           |
| License Expiration Date  | 1/31/2027   |
| License Original Issue Date  | 08/12/1997  |
| Address of Record  | 3801 W Lake Mary Blvd #123<br>LAKE MARY, FL 32746 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

#### Address

11325 LAKE UNDERHILL ROAD SUITE 103  
ORLANDO, FL 32825

#### Address

13750 W. COLONIAL DRIVE SUITE 205  
WINTER GARDEN, FL 34787

#### Address

1267 W OSCEOLA PARKWAY  
KISSIMMEE, FL 34741

#### Address

2322 EAST IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744

#### Address

620 HUNT CLUB BLVD  
APOPKA, FL 32703

#### Address

145 PALM BAY ROAD NE SUITE 111  
MELBOURNE, FL 32904

#### Address

10325 San Jose Blvd  
JACKSONVILLE, FL 32257

#### Address

131 Port St. Lucie  
PORT SAINT LUCIE, FL 34984

### 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 |
|------------------------|---------------------------------|---------------------|---------|----------------|
| BALMERT, WHITNEY HANNA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105724 | 5/7/2025       |
| CRILE, COLBY           | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109879 | 11/10/2016     |
| MILLS, CYNTHIA M       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111376 | 5/7/2025       |
| MUBARAK, SHERIN NAZME  | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106943 | 5/7/2025       |

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

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