



## AMARNATH REDDY VEDERE

### License Number: ME76025

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME76025
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	06/19/1998
Address of Record	3345 Burns Rd SUITE 105, 106, 206, 306 PALM BEACH GARDENS, FL 33410
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

3347 State Rd 7 Suite 203  
WELLINGTON, FL 33449

#### Address

1500 N Dixie Hwy Suite 104B  
WEST PALM BEACH, FL 33401

#### Address

532 W Sagamore Ave  
CLEWISTON, FL 33440

#### Address

808 SW Glenview Ct Suites 812 and 814 and 818  
PORT ST LUCIE, FL 34953

#### Address

2257 Highway 441 North Ste A  
OCHEECHOBEE, FL 34972

#### Address

11786 SE Federal Hwy  
HOBE SOUND, FL 33455

#### Address

4915 South Congress Ave Ste B & C  
LAKE WORTH, FL 33461

#### Address

1200 S. MAIN ST. Ste 100A  
BELLE GLADE, FL 33430

### 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
GALVAN, PAULA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116356	10/13/2022

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

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