



DEREK JAMES RACHELLI

License Number: PA9104016

Data As Of 8/20/2025

Profession	Physician Assistant
License	PA9104016
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	11/16/2006
Address of Record	2323 South Orange Ave CARESPOT URGENT CARE ORLANDO, FL 32806
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

Orlando Health Horizon West 17000 Porter Road
WINTER GARDEN, FL 34787

Address

Orlando Health Health Central Hospital 10000 W. Colonial Dr.
OCOE, FL 34761

Address

10959 W. Colonial Dr. #6 & #8
OCOE, FL 34761

Address

7751 Kingspointe Pkwy #114
ORLANDO, FL 32819

Address

512 E. Altamonte Dr. #1000
ALTAMONTE SPRINGS, FL 32701

Address

3840 FL-436 #1000
APOPKA, FL 32703

Address

2555 S. Kirkman Rd.
ORLANDO, FL 32811

Address

Orlando Health Reunion Village ED 8011 Osceola Polk Line Road
DAVENPORT, FL 33896

Address

Orlando Health South Lake Hospital 1900 Don Wickham Drive
CLERMONT, FL 34711

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
LOPEZ, ROBERT JEFFREY	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	102974	09/13/2018
LOPEZ, ROBERT JEFFREY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102974	09/13/2018

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

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