



## RAFAEL RADAME ROSARIO

### License Number: ACN560

Data As Of 7/24/2025

Profession	Area of Critical Need Medical Doctor
License	ACN560
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	04/24/2014
Address of Record	7625 S.W. 62ND CT STE.#100 OCALA, FL 34476
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

106 N. Old Kings Road Suite B  
ORMOND BEACH, FL 32174

#### Address

729 Beville Road East  
EDGEWATER, FL 32141

#### Address

2984 S. Ridgewood Avenue Suite 1  
EDGEWATER, FL 32141

#### Address

811 N. Summit Street  
CRESCENT CITY, FL 32112

#### Address

4110 E. SR 44 Suite 507  
WILDWOOD, FL 34785

#### Address

1375 Cassatt Avenue  
JACKSONVILLE, FL 32205

#### Address

8011 Merrill Road Suite 11  
JACKSONVILLE, FL 32277

#### Address

1542 Kingsley Avenue 146  
ORANGE PARK, FL 32073

#### Address

2 McCormick Drive  
PALM COAST, FL 32164

#### Address

747 Fawn Ridge Drive Suite 200  
ORANGE CITY, FL 32763

#### Address

308 N 2nd Street  
FLAGLER BEACH, FL 32136

#### Address

4542 Alba Street

PACE, FL 32571

[Address](#)

461 E Ten Mile Road

PENSACOLA, FL 32534

[Address](#)

507 N Navy Blvd

PENSACOLA, FL 32507

[Address](#)

925 N Stone Street

DELAND, FL 32720

[Address](#)

927 N. Spring Garden Avenue

DELAND, FL 32720

[Address](#)

700 Sterthaus Drive

ORMOND BEACH, FL 32174

[Address](#)

245 N Causeway

NEW SMYRNA BEACH, FL 32169

[Address](#)

308 N. 2nd Street

FLAGLER BEACH, FL 32136

[Address](#)

62 Spring Vista Drive Suite 100

FLAGLER BEACH, FL 32136

[Address](#)

21815 S.E. 71st Avenue

HAWTHORNE, FL 32640

[Address](#)

2460 Old Moultrie Road Suite 5

SAINT AUGUSTINE, FL 32086

[Address](#)

406 Palmetto Street Suite A & B

NEW SMYRNA BEACH, FL 32168

[Address](#)

1737 Clyde Morris Blvd Suite 150

DAYTONA BEACH, FL 32117

[Address](#)

1500 Beville Road

DAYTONA BEACH, FL 32117

[Address](#)

264 Palm Coast Parkway NE Unit A

PALM COAST, FL 32137

[Address](#)

21 Hospital Drive Suite 240

PALM COAST, FL 32164

[Address](#)

1114 SR 20 300

INTERLACHEN, FL 32148

[Address](#)

530 Zeagler Drive Suite A

PALATKA, FL 32177

[Address](#)

199 US Hwy 17 Suite A

EAST PALATKA, FL 32131

[Address](#)

467 N St Suite A

GREEN COVE SPRINGS, FL 32043

#### Address

1037 W US Hwy 90 Suite 130  
LAKE CITY, FL 32055

#### Address

18700 Veterans Blvd Suite 9  
PORT CHARLOTTE, FL 33954

#### Address

2336 Surfside Blvd D103  
CAPE CORAL, FL 33991

#### Address

810 NW 16th Avenue  
GAINESVILLE, FL 32601

#### Address

7109 NW 11th Place Suite E  
GAINESVILLE, FL 32605

## 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	Effective License Date
COMMUNITY MEDICAL CARE CENTER, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	03/03/2014
VIPCARE, OCALA –SR 200	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	08/25/2021

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
KVALEEC, FELICIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113651	12/16/2021

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of

Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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