



## ALFONSO E MARTINEZ

## License Number: ACN571

Data As Of 1/10/2026

Professional License	Area of Critical Need Medical Doctor
License Number	ACN571
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	06/10/2014
Address of Record	1500 S Magnolia OCALA, FL 34471
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

## Address

2100 SE 17th St  
OCALA, FL 34471

## Address

717 SW Martin Luther King Jr  
OCALA, FL 34471

## Address

6041 SW 54th Street  
OCALA, FL 34474

## Address

125 SW 7TH STREET  
WILLISTON, FL 32696

## Address

4840 SOUTH US HWY 41  
DUNNELLON, FL 34432

## Address

1330 SW 33rd Ave  
OCALA, FL 34474

## Address

19204 E. Pennsylvania Ave  
DUNNELLON, FL 34432

## Address

4500 NW 152nd Lane  
REDDICK, FL 32686

## Address

100 Marion Oaks Blvd  
OCALA, FL 34473

## Address

5051 SE 110th Street  
BELLEVIEW, FL 34420

## Address

1025 SW 1st Ave  
OCALA, FL 34471

## Address

1609 SW 17th St

OCALA, FL 34471

**Address**

1805 SE Lake Weir Ave

OCALA, FL 34471

## 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
FLORIDA DEPARTMENT OF CORRECTIONS	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	04/15/2014

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HORN, JOHN A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2200	6/4/2018
STILES, STEPHEN ERIC	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103934	6/23/2018

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

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