



CARLOS JAVIER COLON

License Number: ACN580

Data As Of 4/15/2025

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|--|---|
| Profession | Area of Critical Need Medical Doctor |
| License | ACN580 |
| License Status | CLEAR/Active |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 07/14/2014 |
| Address of Record | 212 E. Main Street TAVARES, FL 32778 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

19204 E. Pennsylvania Ave
DUNNELLON, FL 34432

Address

1330 SW 33rd Ave
OCALA, FL 34474

Address

717 SW Martin Luther King Jr
OCALA, FL 34471

Address

2553 E. Silver Springs Blvd
OCALA, FL 34470

Address

1025 SW 1st Ave
OCALA, FL 34471

Address

6041 SW 1st Ave
OCALA, FL 34474

Address

5051 SE 110th Street Suite 100
BELLEVIEW, FL 34420

Address

100 Marion Oaks Blvd
OCALA, FL 34473

Address

4500 NW 152nd Lane
REDDICK, FL 32686

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 | 06/09/2014 |
| HEART OF FLORIDA HEALTH CENTER | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 07/01/2022 |
| HEART OF FLORIDA HEALTH CENTER | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 07/05/2022 |
| MARION COUNTY HEALTH DEPARTMENT | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 07/01/2022 |

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 | 1/27/2021 |

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

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