



CARLOS ALBERTO RAMIREZ-BLESSING

License Number: OS9294

Data As Of 8/9/2025

Profession	Osteopathic Physician
License	OS9294
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	08/17/2004
Address of Record	2609 South Orange Ave ORLANDO, FL 32806
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

FL HOSP CENTRA CARE-OVIEDO 8010 RED BUG RD
OVIEDO, FL 32765

Address

FL HOSP CENTRA CARE -INROOM 12139 S. APOPKA -VINELAND ROAD
ORLANDO, FL 32836

Address

FL HOSP. CENTRA CARE-CLERMONT 15701 STATE ROAD 5C SUITE 101
CLERMONT, FL 34711

Address

FL HOSP CENTRA CARE-ALTAMONTE 440 WEST HWY 436
ALTAMONTE SPRINGS, FL 32714

Address

FL HOSP CENTRA CARE-AZALEA 509 S.SEMORAN BLVD
ORLANDO, FL 32807

Address

FL HOSP CENTRA CARE-FORMOSA 7848 W. IRLO BRONSON HWY
KISSIMMEE, FL 34747

Address

FL HOSP CENTRA CARE-KISSIMMEE 4320 W. VINE STREET
KISSIMMEE, FL 34746

Address

FL HOSP CENTRA CARE-LBV II 12500 S. APOPKA -VINELAND ROAD
ORLANDO, FL 32836

Address

FL HOSP CENTRA CARE-LEE ROAD 2540 LEE ROAD
WINTER PARK, FL 32789

Address

FL HOSP CENTRA CARE-LONGWOOD 855 S. US HWY 17-92
LONGWOOD, FL 32750

Address

FL HOSP CENTRA CARE-SANDLAKE 2301 SAND LAKE ROAD
ORLANDO, FL 32809

Address

FL HOSP CENTRA CARE-STC 308 NORTH ENTRANCE ROAD SUITE 108
SANFORD, FL 32771

[Address](#)

FL HOSP CENTRA CARE- VINELAND 6001 VINELAND ROAD SUITE 108
ORLANDO, FL 32819

[Address](#)

FL HOSP CENTRA CARE-WEST 50 9580 W. COLONIAL DRIVE
OCOE, FL 34761

[Address](#)

FL HOSP CENTRA CARE -WATERFORD 250 N. ALAFAYA TRAIL SUITE 135
ORLANDO, FL 32825

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.

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