



DACELIN ST MARTIN

License Number: ME90844

Data As Of 6/16/2025

Profession	Medical Doctor
License	ME90844
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/24/2004
Address of Record	1990 N. PROSPECT AVE. LECANTO, FL 34461
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	Yes

Secondary Locations

Address

6405 W Gulf to Lake HWY
CRYSTAL RIVER, FL 34429

Address

2385 N Lecanto Hwy
LECANTO, FL 34461

Address

3580 E Gulf to Lake Hwy
INVERNESS, FL 34453

Address

3565 E Suzie Ln
INVERNESS, FL 34452

Address

517 W. Noble Ave
WILLISTON, FL 32696

Address

3415 E. Silver Springs Blvd
OCALA, FL 34470

Address

8119 SW State Road 200
OCALA, FL 34481

Address

1990 N. Prospect Ave.
LECANTO, FL 34461

Address

659 NE US HWY 19 UNIT 1
CYRSTAL RIVER, FL 34429

Address

1982 N PROSPECT AVE
LECANTO, FL 34461

Address

1907 HIGHWAY 44 WEST
INVERNESS, FL 34453

Address

11371 N. WILLIAMS STREET UNIT 4
DUNNELLON, FL 34432

[Address](#)

3956 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

[Address](#)

11371 N. WILLIAMS STREET UNIT 3
DUNNELLON, FL 34432

[Address](#)

3415 E. Silver Springs Blvd
OCALA, FL 34470

[Address](#)

8119 SW College Rd
OCALA, FL 34481

[Address](#)

3925 N. Lecanto Hwy
BEVERLY HILLS, FL 34465

[Address](#)

517 W Noble Ave
WILLISTON, FL 32696

[Address](#)

2205 N Young Blvd
CHIEFLAND, FL 32626

[Address](#)

1980 N Prospect Ave
LECANTO, FL 34461

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ST MARTIN, DACELIN	90844	MEDICAL DOCTOR	LECANTO	FL	201938813	AC FILED

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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