



## RAYMUND MORELOS CHUA

### License Number: ME95592

Data As Of 1/29/2026

Profession	Medical Doctor
License	ME95592
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/17/2006
Address of Record	2438 S Kirkman Road MDNOW West Orlando ORLANDO, FL 32811
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

410 SR-436 E UNIT1020  
ALTAMONTE SPRINGS, FL 32701

#### Address

5102 W SR 46  
SANFORD, FL 32771

#### Address

901 Currency Circle Unit 1001  
LAKE MARY, FL 32746

#### Address

8972 Turkey Lake Road  
ORLANDO, FL 32819

#### Address

805 County Road 466  
LADY LAKE, FL 32159

#### Address

1328 N Woodland Blvd  
DELAND, FL 32720

#### Address

92 E Mitchell Hammock Road  
OVIEDO, FL 32765

#### Address

7460 University Blvd Suite 110  
WINTER PARK, FL 32792

#### Address

13935 Landstar Blvd Unit150  
ORLANDO, FL 32824

#### Address

628 US HWY 27 Suite 4  
CLERMONT, FL 34714

#### Address

5845 Winter Garden Vineland Rd  
WINDERMERE, FL 34786

Address

4670 Marigold Avenue  
KISSIMMEE, FL 34758

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BERGERON, LOUIS CHAD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101072	3/8/2025
GORDON, SETH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113034	7/10/2025
GORDON, SETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113034	11/14/2023
RAMSARUP, AVI	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110423	7/10/2025
RAMSARUP, AVI	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110423	11/15/2023

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

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