



RODERICK NEAL BENNETT

License Number: ME98577

Data As Of 9/14/2025

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| Profession | Medical Doctor |
| License | ME98577 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 05/03/2007 |
| Address of Record | 10461 Quality Drive SPRING HILL, FL 34609 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1520 N Meadowcrest Blvd
CRYSTAL RIVER, FL 34429

Address

2703 Forest Rd
SPRING HILL, FL 34606

Address

890 S. Oak Crest Path
LECANTO, FL 34461

Address

60 Veterans Ave
BROOKSVILLE, FL 34601

Address

6388 Barclay Ave
SPRING HILL, FL 34609

Address

3445 Bob Hartung Ct
SPRING HILL, FL 34606

Address

7300 Winter Street
BROOKSVILLE, FL 34613

Address

9252 Spring Hill Drive
SPRING HILL, FL 34608

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 |
|---------------------------|---------------------------------|--------------------------|---------|----------------|
| CITRUS COUNTY FIRE RESCUE | SERVICE PROVIDER | EMS SERVICE PROVIDER ALS | 10021 | 1/8/2020 |
| POST, CYNTHIA SUE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 3617 | 9/13/2017 |
| QAYYUM, MOHAMMAD SOHAIB | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109803 | 10/11/2024 |
| UDANI, SARA ELIZABETH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9115320 | 4/21/2022 |

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

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