



## SAMUEL M ROSATI

License Number: ME103357

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME103357
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	12/10/2008
Address of Record	ORLANDO MEDICAL HEALTH CARE 5425 S Semoran Blvd, Ste 11 ORLANDO, FL 32822
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

800 Virginia Ave Ste 7  
FORT PIERCE, FL 34982

### Address

5425 S Semoran Blvd Ste 11  
ORLANDO, FL 32822

### Address

701 Ridgewood Avenue Unit B Coastal Spine & Injury Center  
HOLLY HILL, FL 32117

### Address

2415 South Volusia Avenue Complete Welless Center of Orange City  
ORANGE CITY, FL 32763

### Address

940 Centre Circle Central Florida Injury & Recovery Ctr Suite 1018  
ALTAMONTE SPRINGS, FL 32714

## 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
45TH ST. HEALTH MANAGEMENT, LLC.	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1626	8/29/2023
45TH ST. HEALTH MANAGEMENT, LLC.	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1626	12/7/2022
CLARK, KEVIN SHANE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108797	6/9/2016
HULL, MARC BRYAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104001	9/7/2016
MOHNEY, CYNTHIA SUZANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105466	8/16/2016
ORLANDO PAIN MANAGEMENT CENTER, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	252	2/28/2024
PARSELL, JANET MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106056	7/25/2016
RICCI, ANGELA LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105845	8/15/2016
SHAPIRO, KIMBERLY MILLIGAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106846	2/6/2019
SLOAN, ERIN C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101118	8/22/2016
TREASURE COAST MEDICAL PAIN CENTER, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	253	12/2/2024
WRIGHT, JEREMY MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108266	1/31/2019

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

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