TRACEY ALICIA MCKREITH

License Number: ME116119

Data As Of 10/29/2025

Profession Medical Doctor
License ME116119
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 05/14/2013

Address of Record 10251 west commercial Blvd

SUNRISE, FL 33321

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1205 NORTH UNIVERSITY DRIVE CARESPOT CORAL SPRINGS, FL 33071

Address

18203 PINES BLVD. CARESPOT PEMBROKE PINES, FL 33029

Address

10251 WEST COMMERCIAL BLVD. CARESPOT

SUNRISE, FL 33351

Address

1611 SOUTH FEDERAL HIGHWAY CARESPOT

POMPANO BEACH, FL 33062

Address

4450 STATE ROAD, SUITE 1 CARESPOT

COCONUT CREEK, FL 33073

Address

9035 PINES BLVD. CARESPOT PEMBROKE PINES, FL 33024

Address

784 SE PRIMA VISTA BLVD. CARESPOT

PORT SAINT LUCIE, FL 34952

Address

12080 Sw 127 ave Ste B-1 #107 ALOEWELL HEALTH LLC

MIAMI, FL 33186

Address

18706 NW 67th ave

HIALEAH, FL 33015

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
DIGGINS, LYSA THERESA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111574	11/25/2020
HUGHES, MEGAN ROSE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115316	1/1/2021
HUGHES, MEGAN ROSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115316	1/22/2022
ROSARIO, NATALIA MARI	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109791	6/5/2025
SUAREZ, CARLOS R	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2960	8/22/2018
SUAREZ, CARLOS R	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2960	3/7/2018
VACCARELLO, KEVIN JOSEPH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111495	6/5/2025

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

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