Florida HEALTH Department of Health

SETH GORDON

License Number: PA9113034

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9113034
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	02/11/2020
Address of Record	628 Cagan View Rd Suite 4 CLERMONT, FL 34714
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
410 E Altamonte Dr. #1020
ALTAMONTE SPRINGS, FL 32701

Address
13935 Landstar Blvd #150
ORLANDO, FL 32824

Address
92 E Mitchell Hammock Rd #1006
OVIEDO, FL 32765

Address
2438 S Kirkman Rd
ORLANDO, FL 32811

Address
805 Country Rd 466
LADY LAKE, FL 32159

Address
5845 Winter Garden Vineland Rd
WINDERMERE, FL 34786

Address
8972 Turkey Lake Rd South Ste A400
ORLANDO, FL 32819

Address
1328 N Woodland Blvd
DELAND, FL 32720

Address
4670 Marigold Ave
POINCIANA, FL 34758

Address
7460 University Blvd Ste 110
WINTER PARK, FL 32792

Address
901 Currency Cir, unit 1001
LAKE MARY, FL 32746

Address
5102 W SR 46
SANFORD, FL 32771
Address
3600 SW Archer Road, Suite A1
GAINESVILLE, FL 32608
Address
7011 W. Newberry Rd, Suite B
GAINESVILLE, FL 32605
Address
17136 SE 109th Terrace Rd
SUMMERFIELD, FL 34491
Address
1640 Technology Blvd
DAYTONA BEACH, FL 32117
Address
16890 Us-441
MOUNT DORA, FL 32757
Address
2800 SW College Rd, Ste 102
OCALA, FL 34474

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
CHUA, RAYMUND MORELOS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	95592	07/10/2025
CHUA, RAYMUND MORELOS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	95592	11/14/2023

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

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