Florida HEALTH Department of Health

JACKELINE LOPEZ RUIZ

License Number: ACN1303

Data As Of 9/7/2026

Profession	Area of Critical Need Medical Doctor
License	ACN1303
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	11/12/2020
Address of Record	8075 SW State Rd 200 Ste 118 OCALA, FL 34481
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1050 Cypress Parkway
KISSIMMEE, FL 34759

Address
7649 West Colonia Drive Suite 115
ORLANDO, FL 32818

Address
2577 Simpson Road
KISSIMMEE, FL 34744

Address
14075 Town Loop Blvd
ORLANDO, FL 32837

Address
3185 West Vine Street
KISSIMMEE, FL 34741

Address
1735 East Hwy 50 Suite B
CLERMONT, FL 34711

Address
737 South Semoran Blvd
ORLANDO, FL 32807

Address
941 N 14th Street
LEESBURG, FL 34748

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
ORLANDO FAMILY MEDICAL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/27/2020
ORLANDO FAMILY MEDICAL, INC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/27/2020

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
QUALLS, ROLONDA S	PHARMACIST	PHARMACIST	44422	4/29/2026

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address
1050 Cypress Parkway
KISSIMMEE, FL 34759
Address
7649 West Colonia Drive Suite 115
ORLANDO, FL 32818
Address
2577 Simpson Road
KISSIMMEE, FL 34744
Address
14075 Town Loop Blvd
ORLANDO, FL 32837
Address
3185 West Vine Street
KISSIMMEE, FL 34741
Address
1735 East Hwy 50 Suite B
CLERMONT, FL 34711
Address
737 South Semoran Blvd
ORLANDO, FL 32807

Address
941 N 14th Street
LEESBURG, FL 34748

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
ORLANDO FAMILY MEDICAL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/27/2020
ORLANDO FAMILY MEDICAL, INC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/27/2020

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
QUALLS, ROLONDA S	PHARMACIST	PHARMACIST	44422	4/29/2026

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.