

JOELLE RANKIN

License Number: PA9115722

Data As Of 10/24/2025

Profession Physician Assistant

License PA9115722
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 02/21/2022

Address of Record 1530 Cornerstone Blvd

Suite 120

DAYTONA BEACH, FL 32117

Controlled Substance Prescriber N

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

701 W Plymouth Avenue AdventHealth Deland DELAND, FL 32720-3236

Address

401 Palmetto Street AdventHealth New Smyrna

NEW SMYRNA BEACH, FL 32168-7322

Address

60 Memorial Medical Parkway AdventHealth Palm Coast

PALM COAST, FL 32164-5980

Address

1055 Saxon Blvd Advent Heatlh Fish Memorial

ORANGE CITY, FL 32763-8468

Address

3120 Howland Blvd AdventHealth Deltona

DELTONA, FL 32725-2905

Address

58112 Williamson Blvd AdventHealth Port Orange

PORT ORANGE, FL 32128-6101

Address

301 Memorial Medical Parkway AdventHealth Daytona Beach

DAYTONA BEACH, FL 32117-5167

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
RAMIA, MICHELLE MARIE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	116871	05/03/2022

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

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