



## JOELLE RANKIN

### License Number: PA9115722

Data As Of 9/8/2025

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 (for the Treatment of Chronic Non- malignant Pain)	No
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 Health 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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