



MICHAEL J VERNACCHIO D.O.

License Number: OS4711

Data As Of 4/25/2025

Profession	Osteopathic Physician
License	OS4711
License Status	CLEAR/Active
License Expiration Date	3/31/2026
License Original Issue Date	06/30/1984
Address of Record	AZA HEALTH 1302 RIVER ST PALATKA, FL 32177
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

306 UNION AVE  
CRESCENT CITY, FL 32112

Address

1305 N ORANGE AVE SUITE 120  
GREEN COVE SPRINGS, FL 32043

Address

1455 DUNN AVE  
DAYTONA BEACH, FL 32114

Address

201 W LATTIN ST  
HASTINGS, FL 32145

Address

22066 SE 71ST AVE  
HAWTHORNE, FL 32640

Address

1213 STATE RD 20  
INTERLACHEN, FL 32148

Address

100 COMMERCIAL DR  
KEYSTONE HEIGHTS, FL 32656

Address

460 PALM COAST PKWY SW SUITE 5  
PALM COAST, FL 32137

Address

105 WHITEHALL DR SUITE 109  
ST AUGUSTINE, FL 32086

Address

1425 DUNN AVE  
DAYTONA BEACH, FL 32114

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
DICARLO, CARLTON A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2025	12/9/2024

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

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