Florida HEALTH Department of Health

MOTI NAVINDRA RAMGOPAL

License Number: ME70180

Data As Of 10/31/2026

Profession	Medical Doctor
License	ME70180
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	03/29/1996
Address of Record	356 E MIDWAY ROAD FT PIERCE, FL 34982
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1801 SE HILLMOOR DRIVE SUITE C-207
PORT SAINT LUCIE, FL 34952

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
ASSOCIATES IN INFECTIOUS DISEASES, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1561	2/16/2009

Name	Relationship	Profession	License	Effective Date
BELL, TIFFANY MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112529	10/21/2026
CLIFTON, LESLIE ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105201	1/17/2018
PATEL, MIHIR BIPINCHANDRA	PHARMACIST	PHARMACIST	40772	10/21/2025
ROSSI, DINO VICTOR	PHARMACIST	PHARMACIST	46746	10/10/2025

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

1801 SE HILLMOOR DRIVE SUITE C-207

PORT SAINT LUCIE, FL 34952

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
ASSOCIATES IN INFECTIOUS DISEASES, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1561	2/16/2009
BELL, TIFFANY MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112529	10/21/2026
CLIFTON, LESLIE ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105201	1/17/2018
PATEL, MIHIR BIPINCHANDRA	PHARMACIST	PHARMACIST	40772	10/21/2025
ROSSI, DINO VICTOR	PHARMACIST	PHARMACIST	46746	10/10/2025

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.