



## OLUDAPO FOLARIN SOREMI

License Number: ME73889

Data As Of 6/7/2025

Profession	Medical Doctor
License	ME73889
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	08/12/1997
Address of Record	5900 SOUTH JOHN YOUNG Pkwy ORLANDO, FL 32839
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

131 Port St. Lucie  
PORT SAINT LUCIE, FL 34984

#### Address

10325 San Jose Blvd  
JACKSONVILLE, FL 32257

#### Address

145 PALM BAY ROAD NE SUITE 111  
MELBOURNE, FL 32904

#### Address

620 HUNT CLUB BLVD  
APOPKA, FL 32703

#### Address

2322 EAST IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744

#### Address

1267 W OSCEOLA PARKWAY  
KISSIMMEE, FL 34741

#### Address

3801 W. LAKE MARY BLVD. SUITE 123  
LAKE MARY, FL 32746

#### Address

13750 W. COLONIAL DRIVE SUITE 205  
WINTER GARDEN, FL 34787

#### Address

11325 LAKE UNDERHILL ROAD SUITE 103  
ORLANDO, FL 32825

#### Address

300 S CANAL 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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BALMERT, WHITNEY HANNA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105724	5/7/2025
CRILE, COLBY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109879	11/10/2016
MILLS, CYNTHIA M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111376	5/7/2025
MUBARAK, SHERIN NAZME	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106943	5/7/2025

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