ALFONSO E MARTINEZ

License Number: ACN571

Data As Of 10/25/2025

Profession Area of Critical Need Medical Doctor

Yes

License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 06/10/2014
Address of Record 3200 SW 34t

Address of Record 3200 SW 34th Ave OCALA, FL 34474

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1805 SE Lake Weir Ave

OCALA, FL 34471

Address

1609 SW 17th St

OCALA, FL 34471

Address

1025 SW 1st Ave

OCALA, FL 34471

Address

5051 SE 110th Street

BELLEVIEW, FL 34420

Address

100 Marion Oaks Blvd

OCALA, FL 34473

Address

4500 NW 152nd Lane

REDDICK, FL 32686

Address

19204 E. Pennsylvania Ave

DUNNELLON, FL 34432

Address

1330 SW 33rd Ave

OCALA, FL 34474

Address

4840 SOUTH US HWY 41

DUNNELLON, FL 34432

Address

125 SW 7TH STREET

WILLISTON, FL 32696

Address

6041 SW 54th Street

OCALA, FL 34474

Address

717 SW Martin Luther King Jr

OCALA, FL 34471 Address 2100 SE 17th St

OCALA, FL 34471

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	Effective License Date
FLORIDA DEPARTMENT OF CORRECTIONS	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	04/15/2014

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HORN, JOHN A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2200	6/4/2018
STILES, STEPHEN ERIC	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103934	6/23/2018

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

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