



ALFONSO E MARTINEZ

License Number: ACN571

Data As Of 5/4/2026

| | |
|--|--------------------------------------|
| Profession | Area of Critical Need Medical Doctor |
| License | ACN571 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 06/10/2014 |
| Address of Record | 1500 S Magnolia OCALA, FL 34471 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

[Address](#)

2100 SE 17th St
OCALA, FL 34471

[Address](#)

717 SW Martin Luther King Jr
OCALA, FL 34471

[Address](#)

6041 SW 54th Street
OCALA, FL 34474

[Address](#)

125 SW 7TH STREET
WILLISTON, FL 32696

[Address](#)

4840 SOUTH US HWY 41
DUNNELLON, FL 34432

[Address](#)

1330 SW 33rd Ave
OCALA, FL 34474

[Address](#)

19204 E. Pennsylvania Ave
DUNNELLON, FL 34432

[Address](#)

4500 NW 152nd Lane
REDDICK, FL 32686

[Address](#)

100 Marion Oaks Blvd
OCALA, FL 34473

[Address](#)

5051 SE 110th Street
BELLEVIEW, FL 34420

[Address](#)

1025 SW 1st Ave
OCALA, FL 34471

[Address](#)

1609 SW 17th St

OCALA, FL 34471

[Address](#)

1805 SE Lake Weir Ave

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 |
|----------------------|---------------------------------|---------------------|---------|----------------|
| STILES, STEPHEN ERIC | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103934 | 6/23/2018 |

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.

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