Florida HEALTH Department of Health

ALFONSO E MARTINEZ

License Number: ACN571

Data As Of 10/30/2026

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	License	Effective 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
STILES, STEPHEN ERIC	SUBORDINATE	PHYSICIAN ASSISTANT	9103934	5/1/2018

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

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