Florida HEALTH Department of Health

CARLOS JAVIER COLON

License Number: ACN580

Data As Of 11/1/2026

Profession	Area of Critical Need Medical Doctor
License	ACN580
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	07/14/2014
Address of Record	1389 US-301 Langley Health Services SUMTERVILLE, FL 33585
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
741 Co Rd 466
LADY LAKE, FL 32159

Address
717 SW Martin Luther King Jr
OCALA, FL 34471

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 Suite 100
BELLEVIEW, FL 34420

Address
6041 SW 1st Ave
OCALA, FL 34474

Address
1025 SW 1st Ave
OCALA, FL 34471

Address
2553 E. Silver Springs Blvd
OCALA, FL 34470

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		06/09/2014
HEART OF FLORIDA HEALH CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		07/01/2022
HEART OF FLORIDA HEALTH CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		07/05/2022
MARION COUNTY HEALTH DEPARTMENT	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		07/01/2022

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
KARWACKI, FELICIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113651	1/27/2021
KARWACKI, FELICIA	SUBORDINATE	PHYSICIAN ASSISTANT	9113651	1/27/2021

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

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