



ROCHEL GASTON GELINAS

License Number: ME81349

Data As Of 12/7/2025

Profession	Medical Doctor
License	ME81349
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	10/25/2000
Address of Record	2007 Palm Beach Lake Blvd WEST PALM BEACH, FL 33409
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9650 PINES BLVD
PEMBROKE PINES, FL 33024

Address

2502 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

Address

12555 C BISCAYNE BLVD
NORTH MIAMI, FL 33181

Address

4570 LANTANA RD
LAKE WORTH, FL 33463

Address

11551 SOUTHERN BLVD
ROYAL PLM BEACH, FL 33411

Address

7035 BERACASA WAY
BOCA RATON, FL 33433

Address

6868 FOREST HILL BLVD
GREENACRES, FL 33413

Address

3470 NW 62ND AVE
MARGATE, FL 33063

Address

6300 N ANDREWS AVE
FT LAUDERDALE, FL 33308

Address

9060 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Address

2272 N CONGRESS AVE
BOYNTON BEACH, FL 33426

Address

2007 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

Address

6240 CORAL RIDGE DR
CORAL SPRINGS, FL 33442

Address

4036 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

Address

601 LINTON BLVD
DELRAY BEACH, FL 33444

Address

1770 NE MIAMI GARDENS DR
NORTH MIAMI BEACH, FL 33179

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
FORTE, LOUISE M	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3113	8/13/2025
FORTE, LOUISE M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3113	1/30/2024
VAN HARE, CHERYL LYNN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111852	8/23/2025
VAN HARE, CHERYL LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111852	1/9/2024

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

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