



## ROBERT JOHN CRUZ VERGARA

### License Number: ME95775

Data As Of 4/27/2026

Profession	Medical Doctor
License	ME95775
License Status	Clear/Active
Qualifications	STATE OF PRINCIPAL LICENSURE Letter of Qualification
License Expiration Date	1/31/2028
License Original Issue Date	04/26/2006
Address of Record	3204 West Arch Street TAMPA, FL 33607
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### 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
ARRIAGA-ONEILL, YARITZA MD	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	111529	9/15/2021
BERRY, RANAE SHANNON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103545	8/10/2022
GAREL, JOHAN ISIAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106448	11/20/2021

Name	Relationship	Profession	License	Effective Date
HAMIL, JUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115544	11/17/2022
HANCOCK, MAE ROSANNE VILLEGAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105391	9/23/2021
HOLT, CHARDE BREANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112643	11/17/2022
JASIMUDDIN, SHEIKH KHWAJA	SUBORDINATE	MEDICAL DOCTOR	100463	2/1/2021
MANDLER, ALYSSA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108937	11/20/2021
NUNEZ-CUBILLAS, ALBERTO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101680	11/17/2022
SCOTT, RANDALL EUGENE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103913	11/17/2022

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.

## Secondary Locations

No secondary locations found.

## 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
ARRIAGA-ONEILL, YARITZA MD	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	111529	9/15/2021
BERRY, RANAE SHANNON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103545	8/10/2022
GAREL, JOHAN ISIAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106448	11/20/2021
HAMIL, JUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115544	11/17/2022
HANCOCK, MAE ROSANNE VILLEGAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105391	9/23/2021
HOLT, CHARDE BREANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112643	11/17/2022
JASIMUDDIN, SHEIKH KHWAJA	SUBORDINATE	MEDICAL DOCTOR	100463	2/1/2021
MANDLER, ALYSSA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108937	11/20/2021
NUNEZ-CUBILLAS, ALBERTO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101680	11/17/2022
SCOTT, RANDALL EUGENE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103913	11/17/2022

Name	Relationship	Profession	License	Effective Date
------	--------------	------------	---------	----------------

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.

---