

## JOSE F LLACH

## License Number: OS10826

Data As Of 11/27/2025

Profession Osteopathic Physician

License Status OS10826

Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026
License Original Issue Date 11/17/2009

Address of Record 8750 SW 144th Street BHEC at Palmetto Bay

MIAMI, FL 33176

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

14150 SW 136th Street BHEC at Country Walk

MIAMI, FL 33186

### Address

15200 NW 77th Court BHEC at Miami Lakes

MIAMI LAKES, FL 33016

## Address

9500 NW 58th St BHH at Doral

MIAMI, FL 33178

#### Address

13500 SW 152nd Street BMP at Country Walk

MIAMI, FL 33177

#### Address

14661 SW 56th Street BHUC at Kendale Lakes

MIAMI, FL 33175

### Address

11805 South Dixie Hwy BHUC at Pinecrest

MIAMI, FL 33156

#### Address

8840 Bird Road BMP at Westchester

MIAMI, FL 33165

### Address

14660 SW 8th Street BMP at Tamiami

MIAMI, FL 33184

#### Address

8950 SW 152 Street, Ste 103 BMP at Palmetto Bay

MIAMI, FL 33157

## Address

13001 N Kendall Drive BHUC at West Kendall

MIAMI, FL 33186

### Address

14591 Coral Way BHEC at Coral Way West

MIAMI, FL 33175

# 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
ALVAREZ JACINTO, DIANA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119145	1/6/2025
ALVAREZ JACINTO, DIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119145	1/6/2025
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/14/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/19/2016
KHAN, MUBIN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119163	1/8/2025
LAPORTA, KATHERINE ANNE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110680	1/6/2025
LAPORTA, KATHERINE ANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110680	1/6/2025
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016

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

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