Florida HEALTH Department of Health

JOSE F LLACH

License Number: OS10826

Data As Of 10/31/2026

Profession	Osteopathic Physician
License	OS10826
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2028
License Original Issue Date	11/17/2009
Address of Record	8750 SW 144th Street BHEC at Palmetto Bay MIAMI, FL 33176
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
14591 Coral Way BHEC at Coral Way West
MIAMI, FL 33175

Address
13001 N Kendall Drive BHUC at West Kendall
MIAMI, FL 33186

Address
8950 SW 152 Street, Ste 103 BMP at Palmetto Bay
MIAMI, FL 33157

Address
14660 SW 8th Street BMP at Tamiami
MIAMI, FL 33184

Address
8840 Bird Road BMP at Westchester
MIAMI, FL 33165

Address
11805 South Dixie Hwy BHUC at Pinecrest
MIAMI, FL 33156

Address
14661 SW 56th Street BHUC at Kendale Lakes
MIAMI, FL 33175

Address
13500 SW 152nd Street BMP at Country Walk
MIAMI, FL 33177

Address
9500 NW 58th St BHH at Doral
MIAMI, FL 33178

Address
15200 NW 77th Court BHEC at Miami Lakes
MIAMI LAKES, FL 33016

Address
14150 SW 136th Street BHEC at Country Walk
MIAMI, FL 33186

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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