



OSLAY JOSE BATISTA

License Number: ME106547

Data As Of 6/29/2025

Profession	Medical Doctor
License	ME106547
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	03/08/2010
Address of Record	2740 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

11701 SW 147 AVE
MIAMI, FL 33196

Address

428 NE 125th Street
NORTH MIAMI, FL 33161

Address

8251 W Broward Blvd Suite 200-208
PLANTATION, FL 33324

Address

290 NE 8th Street
HOMESTEAD, FL 33030

Address

11701 SW 147th Avenue
MIAMI, FL 33196

Address

149 W 21st Street
HIALEAH, FL 33010

Address

2750 W 68st Suite 127-128
HIALEAH, FL 33016

Address

9853 SW 40 Street
MIAMI, FL 33665

Address

1479 NW 27 Avenue
MIAMI, FL 33125

Address

5740 NW 183RD ST
HIALEAH, FL 33012

Address

3320 W 84TH ST
HIALEAH, FL 33018

Address

1600 NE MIAMI GARDENS
MIAMI, FL 33179

[Address](#)

8611 SW 40TH ST
MIAMI, FL 33155

[Address](#)

9798 SW 24TH ST
MIAMI, FL 33165

[Address](#)

11510 Quail Roost Drive
MIAMI, FL 33157

[Address](#)

1500 S HIATUS RD
MIRAMAR, FL 33025

[Address](#)

2601 S MILITARY TRL STE 1
WEST PALM BEACH, FL 33415

[Address](#)

1422 NW 7TH ST
MIAMI, FL 33125

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.

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.