



## NORMA B ROQUE

License Number: PA9108145

Data As Of 11/25/2024

Profession	Physician Assistant
License	PA9108145
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/28/2014
Address of Record	10980 SW 184th Street MEDCARE CENTERS, LLC CUTLER BAY, FL 33157
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

4605 SW 140 CT  
MIAMI, FL 33175

### Address

7200 NW 7th Street, Suite 202 Medicare Centers, LLC  
MIAMI, FL 33126

### Address

7200 NW 7th Street, Suite 150 Medicare Centers, LLC  
MIAMI, FL 33126

### Address

11825 SW 26th Street Medicare Centers, LLC  
MIAMI, FL 33175

### Address

900 W. 49th Street, suite 308 Medicare Centers, LLC  
HIALEAH, FL 33012

### Address

900 W. 49th Street, suite 101 Medicare Centers, LLC  
HIALEAH, FL 33012

### Address

4218 E. 4th Avenue Medicare Centers, LLC  
HIALEAH, FL 33013

### Address

1149 SW 27th Avenue Medicare Centers, LLC  
MIAMI, FL 33135

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
LAM, MANUEL MICHAEL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	135096	01/02/2020
LAM, MANUEL MICHAEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	135096	01/02/2020
MACIAS, FRANCISCO M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	18212	06/14/2017

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

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