Florida HEALTH Department of Health

# MICHAEL BORCHETTA D.O.

## License Number: OS11987

*Data As Of 10/31/2026*

| | |
|---|---|
| Profession | Osteopathic Physician |
| License | OS11987 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 3/31/2028 |
| License Original Issue Date | 12/20/2012 |
| Address of Record | 3100 sw 62nd ave<br>MIAMI, FL 33155 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

Address
12246 Miramar Parkway
MIRAMAR, FL 33025

Address
11310 Legacy Avenue
PALM BEACH GARDENS, FL 33410

Address
3601 NW 107 AVE
MIAMI, FL 33178

Address
2072 NE 8th ST
HOMESTEAD, FL 33033

Address
11521 S Dixie HWY
MIAMI, FL 33156

Address
11449 SW 40 ST
MIAMI, FL 33165

Address
13400 SW 120 ST SUITE 100
MIAMI, FL 33186

Address
3915 Biscayne Blvd
MIAMI, FL 33137

Address
3100 SW 62 AVE
MIAMI, FL 33155

Address
17615 SW 97 AVE
CUTLER BAY, FL 33157

Address
990 W 49 ST
HIALEAH, FL 33012

Address

15025 NW 77 AVE.
MIAMI LAKES, FL 33014

## 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 |
|---|---|---|---|---|
| CANNATA, ALEXA LEE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108165 | 8/7/2023 |
| CARTAS, IDALBERTO | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101443 | 8/13/2023 |
| CHAVARRIA, JESSICA SUSANA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111858 | 8/13/2023 |
| FERNANDEZ, ELINA MARIA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103529 | 8/7/2023 |
| RAY, LISA MARIE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103854 | 8/7/2023 |

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

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