



## MICHAEL BORCHETTA D.O.

### License Number: OS11987

Data As Of 8/25/2025

Profession	Osteopathic Physician
License	OS11987
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	12/20/2012
Address of Record	3100 sw 62nd ave MIAMI, FL 33155
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

15025 NW 77 AVE.  
MIAMI LAKES, FL 33014

#### Address

990 W 49 ST  
HIALEAH, FL 33012

#### Address

17615 SW 97 AVE  
CUTLER BAY, FL 33157

#### Address

3100 SW 62 AVE  
MIAMI, FL 33155

#### Address

3915 Biscayne Blvd  
MIAMI, FL 33137

#### Address

13400 SW 120 ST SUITE 100  
MIAMI, FL 33186

#### Address

11449 SW 40 ST  
MIAMI, FL 33165

#### Address

11521 S Dixie HWY  
MIAMI, FL 33156

#### Address

2072 NE 8th ST  
HOMESTEAD, FL 33033

#### Address

3601 NW 107 AVE  
MIAMI, FL 33178

#### Address

11310 Legacy Avenue

PALM BEACH GARDENS, FL 33410

[Address](#)

12246 Miramar Parkway  
MIRAMAR, FL 33025

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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