



OTTO MARQUEZ MENDOZA

License Number: ME122562

Data As Of 8/21/2025

Profession	Medical Doctor
License	ME122562
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	01/06/2015
Address of Record	149 W 21st St HIALEAH, FL 33010
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

290 NE 8TH ST
HOMESTEAD, FL 33030

Address

8251 W BROWARD BLVD STE 200-210
PLANTATION, FL 33324

Address

11701 SW 147th Ave
MIAMI, FL 33196

Address

2750 w 68th st STE 127-128
HIALEAH, FL 33016

Address

428 NE 125TH STREET
MIAMI, FL 33161

Address

1479 NW 27 Ave
MIAMI, FL 33125

Address

9853 SW 40 STREET
MIAMI, FL 33165

Address

6674 NW 57TH ST
LAUDERHILL, FL 33319

Address

450 SW 136 AVE
PEMBROKE PINES, FL 33027

Address

2740 Hollywood BLVD
HOLLYWOOD, FL 33020

Address

5740 NW 183RD ST
HIALEAH, FL 33015

Address

4578 W 12TH AVE
HIALEAH, FL 33012

[Address](#)

3320 W 84TH ST
HIALEAH, FL 33018

[Address](#)

1600 NE MIAMI GARDENS DR
MIAMI GARDENS, FL 33179

[Address](#)

8611 SW 40 TH ST
MIAMI, FL 33155

[Address](#)

9798 SW 24TH ST
MIAMI, FL 33165

[Address](#)

11510 QUAIL ROOST DR
MIAMI, FL 33157

[Address](#)

1500 S HIATUS RD
PEMBROKE PINES, 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.

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