



FRANK CARLOS ALVAREZ LI

License Number: ACN974

Data As Of 7/8/2025

Profession	Area of Critical Need Medical Doctor
License	ACN974
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	11/01/2017
Address of Record	1479 N.W 27TH AVENUE CLINICA LAS MERCEDES, INC. MIAMI, FL 33125
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8251 W. BROWARD BLVD, #200-210
PLANTATION, FL 33324

Address

11510 QUAIL ROOST DRIVE
MIAMI, FL 33157

Address

290 NE 8TH STREET
HOMESTEAD, FL 33030

Address

6674 NW 57 STREET
TAMARAC, FL 33319

Address

2601 S MILITARY TRAIL, SUITE 1
WEST PALM BEACH, FL 33415

Address

1422 NW 7TH STREET
MIAMI, FL 33125

Address

9853 SW 40 STREET
MIAMI, FL 33125

Address

9853 SW 40 STREET
MIAMI, FL 33165

Address

149 W. 21ST STREET
HIALEAH, FL 33010

Address

2740 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

Address

11701 SW 147TH AVENUE
MIAMI, FL 33196

[Address](#)

5740 NW 183RD STREET
HIALEAH, FL 33015

[Address](#)

3320 W. 84TH STREET
HIALEAH GARDENS, FL 33018

[Address](#)

9798 SW 24TH STREET
MIAMI, FL 33165

[Address](#)

4578 W 12TH AVENUE
HIALEAH, FL 33012

[Address](#)

450 SW 136TH AVENUE
PEMBROKE PINES, FL 33027

[Address](#)

2750 W. 68TH ST., STE. 127-128
HIALEAH, FL 33016

[Address](#)

8611 SW 40TH STREET
MIAMI, FL 33155

[Address](#)

1600 NE MIAMI GRADENS DRIVE
MIAMI, FL 33179

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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