



LAZARO FRANCISCO GARCIA

License Number: ACN985

Data As Of 8/4/2025

Profession	Area of Critical Need Medical Doctor
License	ACN985
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	11/28/2017
Address of Record	2645 SW 37th Ave Suite 504 Yill Health LLC MIAMI, FL 33133
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

9798 SW 24th St
MIAMI, FL 33165

[Address](#)

2740 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

[Address](#)

11510 QUAIL ROOST DRIVE
MIAMI, FL 33157

[Address](#)

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

[Address](#)

4578 W 12TH AVENUE
HIALEAH, FL 33012

[Address](#)

8611 SW 40TH STREET
MIAMI, FL 33155

[Address](#)

149 W. 21ST STREET
HIALEAH, FL 33010

[Address](#)

1600 NE MIAMI GRADENS DRIVE
MIAMI, FL 33179

[Address](#)

5740 NW 183RD STREET
HIALEAH, FL 33015

[Address](#)

9798 SW 24TH STREET
MIAMI, FL 33165

[Address](#)

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

[Address](#)

1479 27 AVENUE
MIAMI, FL 33125

[Address](#)

9853 SW 40 STREET
MIAMI, FL 33165

[Address](#)

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

[Address](#)

3320 W. 84TH STREET
HIALEAH GARDENS, FL 33018

[Address](#)

11701 SW 147TH AVENUE
MIAMI, FL 33196

[Address](#)

6674 NW 57 STREET
TAMARAC, FL 33319

[Address](#)

290 NE 8TH STREET
HOMESTEAD, FL 33030

[Address](#)

1422 NW 7TH STREET
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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