



MANUEL MICHAEL LAM

License Number: ME135096

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME135096
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/26/2018
Address of Record	7200 NW 7ST SUITE 202 MIAMI DADE, FL 33126
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

7200 NW 7th St Suite 202
MIAMI, FL 33126

[Address](#)

900 W 49th Street Suite 101
HIALEAH, FL 33012

[Address](#)

900 W 49th Street Suite 308
HIALEAH, FL 33012

[Address](#)

1149 SW 27th Avenue
MIAMI, FL 33135

[Address](#)

11825 SW 26th Street
MIAMI, FL 33175

[Address](#)

10980 SW 184th Street
MIAMI, FL 33157

[Address](#)

4767 NW 183rd Street
MIAMI GARDENS, FL 33055

[Address](#)

4218 E 4th Avenue
HIALEAH, FL 33013

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
DIAZ, JASON LEE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115038	6/7/2023
DIAZ, JASON LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115038	6/7/2023
ROQUE, NORMA B	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108145	1/2/2020
ROQUE, NORMA B	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108145	1/2/2020
WOLAK, DANNY	PHARMACIST	PHARMACIST	63826	9/11/2023

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

7200 NW 7th St Suite 202
MIAMI, FL 33126

Address

900 W 49th Street Suite 101
HIALEAH, FL 33012

Address

900 W 49th Street Suite 308
HIALEAH, FL 33012

Address

1149 SW 27th Avenue
MIAMI, FL 33135

Address

11825 SW 26th Street
MIAMI, FL 33175

Address

10980 SW 184th Street
MIAMI, FL 33157

Address

4767 NW 183rd Street
MIAMI GARDENS, FL 33055

Address

4218 E 4th Avenue
HIALEAH, FL 33013

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
DIAZ, JASON LEE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115038	6/7/2023
DIAZ, JASON LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115038	6/7/2023
ROQUE, NORMA B	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108145	1/2/2020
ROQUE, NORMA B	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108145	1/2/2020
WOLAK, DANNY	PHARMACIST	PHARMACIST	63826	9/11/2023

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.