Florida HEALTH Department of Health

ANDREW L SORIAL

License Number: ME133923

Data As Of 9/19/2026

Profession	Medical Doctor
License	ME133923
License Status	Emerg Suspens/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/13/2017
Address of Record	9980 CENTRAL PARK BLVD N SUITE 210 BOCA RATON, FL 33428
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	Yes
Alerts	Enforcement Alert 1/21/2026 9:00:17 AM Emergency Suspension Order filed 01/21/2026.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
SORIAL, ANDREW	133923	MEDICAL DOCTOR	BOCA RATON	PALM BEACH	FL	202507182	ESO ISSUED	01/21/2026
SORIAL, ANDREW	133923	MEDICAL DOCTOR	BOCA RATON	PALM BEACH	FL	202541675	ESO ISSUED	01/21/2026

Discipline Cases

No Discipline Found

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SORIAL, ANDREW L	133923	MEDICAL DOCTOR	BOCA RATON	FL	202541675	AC FILED
SORIAL, ANDREW L	133923	MEDICAL DOCTOR	BOCA RATON	FL	202541675	AC FILED
SORIAL, ANDREW L	133923	MEDICAL DOCTOR	BOCA RATON	FL	202636624	AC FILED
SORIAL, ANDREW L	133923	MEDICAL DOCTOR	BOCA RATON	FL	202636972	AC FILED
SORIAL, ANDREW L	133923	MEDICAL DOCTOR	BOCA RATON	FL	202507182	AC FILED
SORIAL, ANDREW L	133923	MEDICAL DOCTOR	BOCA RATON	FL	202507182	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
SORIAL, ANDREW L	133923	MEDICAL DOCTOR	BOCA RATON	FL	202638961	AC FILED

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.

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.

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