



MAELYN LAZARA CAMACHO RODRIGUEZ

License Number: ME137603

Data As Of 5/30/2025

Profession	Medical Doctor
License	ME137603
License Status	CLEAR/Active
License Expiration Date	1/31/2027
License Original Issue Date	08/15/2018
Address of Record	1422 NW 7th Street MIAMI, FL 33125
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1500 S HIATUS RD
PEMBROKE PINES, FL 33025

Address

6674 NW 57TH ST
LAUDERHILL, FL 33319

Address

9798 SW 24TH ST
MIAMI, FL 33165

Address

8611 SW 40TH ST
MIAMI, FL 33155

Address

1600 NE MIAMI GARDENS
MIAMI, FL 33179

Address

3320 W 84TH ST
HIALEAH, FL 33018

Address

5740 NW 183RD ST
HIALEAH, FL 33012

Address

1422 NW 7TH ST
MIAMI, FL 33125

Address

2601 S MILITARY TRL STE 1
WEST PALM BEACH, FL 33415

Address

11510 Quail Roost Drive
MIAMI, FL 33157

Address

4578 W 12TH AVE
HIALEAH, FL 33012

[Address](#)

428 NW 125TH ST

MIAMI, FL 33161

[Address](#)

450 sw 136th ave

PEMBROKE PINES, FL 33027

[Address](#)

9853 SW 40 STREET

MIAMI, FL 33165

[Address](#)

1479 NW 27 Ave

MIAMI, FL 33125

[Address](#)

149 W 21ST STREET

HIALEAH, FL 33010

[Address](#)

2750 w 68th st STE 127-128

HIALEAH, FL 33016

[Address](#)

11701 SW 147th Ave

MIAMI, FL 33196

[Address](#)

8251 W BROWARD BLVD STE 200-210

PLANTATION, FL 33324

[Address](#)

290 NE 8TH ST

HOMESTEAD, FL 33030

[Address](#)

2000 NW 87 TH AVE suite 101 DORAL

MIAMI, FL 33172

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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