



## MIA BELLA SALON AND SPAS

License Number: MM23027

Data As Of 5/29/2025

Profession	Massage Establishment
License	MM23027
License Status	DISCP RELINQ/
License Expiration Date	8/31/2021
License Original Issue Date	04/29/2009
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
SALON DU SOLEUX MEDI-SPA	23027	MASSAGE ESTABLI	NORTH REDINGTON BEA	FL	201112479	OBLIGATION(S) SATISFIED
THE SPA AT SALON DU SOLEIL	23027	MASSAGE ESTABLI	NORTH REDINGTON BEA	FL	201115381	FINE PAID
MIA BELLA SALON AND SPAS	23027	MASSAGE ESTABLI	NORTH REDINGTON BEA	FL	201826016	VOLUNTARY SURRENDER

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
THE SPA AT SALON DU SOLEIL	23027	MASSAGE ESTABLISHMENT	NORTH REDINGTON BEA	FL	201115381	AC FILED
THE SPA AT SALON DU SOLEIL	23027	MASSAGE ESTABLISHMENT	NORTH REDINGTON BEA	FL	201115381	AC FILED
SALON DU SOLEUX MEDI-SPA	23027	MASSAGE ESTABLISHMENT	NORTH REDINGTON BEA	FL	201112479	AC FILED
MIA BELLA SALON AND SPAS	23027	MASSAGE ESTABLISHMENT	NORTH REDINGTON BEA	FL	201826016	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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