



JOSE E GARCIA JR

License Number: ME53888

Data As Of 8/16/2025

Profession	Medical Doctor
License	ME53888
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	08/15/1988
Address of Record	11255 SW 211TH ST MIAMI, FL 33189-2240
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1521 NW 54th St
MIAMI, FL 33142

Address

2315 W. Flagler St
MIAMI, FL 33135

Address

3342 Broadway
RIVIERA BEACH, FL 33404

Address

6200 Pembroke Road
MIRAMAR, FL 33023

Address

1600 W. Oakland Park Blvd
OAKLAND PARK, FL 33311

Address

1404 S 28th St
FORT PIERCE, FL 34947

Address

818 S. Dixie Highway
LAKE WORTH, FL 33460

Address

1301 South Main St
BELLE GLADE, FL 33430

Address

11211 N. Nebraska Ave
TAMPA, FL 33612

Address

8726 West Waters Ave
TAMPA, FL 33615

Address

205 W. Busch Blvd
TAMPA, FL 33612

Address

400 East Dr MLK Jr Blvd
TAMPA, FL 33603

[Address](#)

1005 N. Lake Parker Ave
LAKELAND, FL 33805

[Address](#)

502 East Hinson Ave
HAINES CITY, FL 33844

[Address](#)

2600 Industrial Park DR
LAKELAND, FL 33801

[Address](#)

1918 Blanding Blvd
JACKSONVILLE, FL 32210

[Address](#)

2775 Lake Alfred Rd
WINTER HAVEN, FL 33881

[Address](#)

500 McDuff Avenue S
JACKSONVILLE, FL 32254

[Address](#)

1100 Cesery Blvd
JACKSONVILLE, FL 32211

[Address](#)

5307 Main St
NEW PORT RICHEY, FL 34652

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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