#### **ELSA YANIRA FOX**

#### License Number: MA44113

Data As Of 7/3/2025

Profession Massage Therapist

License MA44113
License Status Clear/Active
License Expiration Date 8/31/2025

License Original Issue

Date

05/27/2005

Address of Record 6310 Health Park Way

Suite 110

LAKEWOOD RANCH, FL 34202

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               |
|---------------------------|---------|--------------------|---------------|-------|-----------|----------------------------|
| CASTELLON, ELSA<br>YANIRA | 44113   | MASSAGE<br>THERAPI | LAKEWOOD RANC | H FL  | 201420453 | OBLIGATION(S)<br>SATISFIED |

### **Public Complaints**

| Name                      | License | Profession           | City          | State | Case #    | Action Taken |
|---------------------------|---------|----------------------|---------------|-------|-----------|--------------|
| CASTELLON, ELSA<br>YANIRA | 44113   | MASSAGE<br>THERAPIST | LAKEWOOD RANC | H FL  | 201420453 | 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.

## **Subordinate Practitioners**

| Name                               | Relationship  | Profession            | License | Effective Date |
|------------------------------------|---------------|-----------------------|---------|----------------|
| LA PLASTIC SURGERY AND DERMATOLOGY | ESTABLISHMENT | MASSAGE ESTABLISHMENT | 39973   | 5/4/2023       |

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.