



DORA GAXIOLA

License Number: ACN380

Data As Of 1/27/2026

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|--|---|
| Profession | Area of Critical Need Medical Doctor |
| License | ACN380 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 03/17/2011 |
| Address of Record | 19000 SW 377TH ST DADE CORRECTIONAL INSTITUTION HOMESTEAD, FL 33034 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

[Address](#)

2501 ORTIZ AVE. LEE COUNTY CORRECTIONAL FACILITY
FORT MYERS, FL 33905

[Address](#)

3347 TAMiami TRAIL COLLIER COUNTY JAIL
NAPLES, FL 34112

[Address](#)

3228 GUN CLUB RD. PALM BEACH COUNTY SHERIFF'S DEPT.
WEST PALM BEACH, FL 33406

[Address](#)

860 CAMP ROAD BREVARD COUNTY JAIL
COCOA, FL 32927

[Address](#)

14470 HARLEE RD. MANATEE COUNTY JAIL
PALMETTO, FL 34221

[Address](#)

1300 RED JOHN DR. VOLUSIA COUNTY JAIL
DAYTONA BEACH, FL 32120

[Address](#)

551 WEST MAIN ST. LAKE COUNTY SHERIFF'S OFFICE
TAVARES, FL 32778

[Address](#)

5755 E. MILTON ROAD SANTA ROSA COUNTY JAIL
MILTON, FL 32583

[Address](#)

15 OAK ST. WAKULLA COUNTY SHERIFF'S DEPT.
CRAWFORDVILLE, FL 32327

[Address](#)

3955 LEWIS SPEEDWAY ST JOHNS COUNTY JAIL
SAINT AUGUSTINE, FL 32084

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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---------------------|--------------------------------|--------------------------------|---------|----------------|
| BREVARD COUNTY JAIL | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | | 11/13/2020 |

Click on the License Number to view License Details for that Practitioner

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|--------------------|---------------------------------|---------------------|---------|----------------|
| RE MOLINA, LIGIA M | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100838 | 1/9/2020 |

Click on the License Number to view License Details for that Practitioner

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