



## DORA GAXIOLA

License Number: ACN380

Data As Of 1/27/2026

Professional	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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