JULIO FRANCESCO GALLO

License Number: ME61539

Data As Of 6/24/2025

Profession Medical Doctor
License ME61539
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 02/21/1992

Address of Record 115 NE 32nd Street, Suite 102

Suite 102-A MIAMI, FL 33137

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

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
GALLO, JULIO FRANCESCO	61539	MEDICAL DOCTOR	MIAMI	FL	200500205	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case#	Action Taken
GALLO, JULIO FRANCESCO	61539	MEDICAL DOCTOR	MIAMI	FL	200500205	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
MIAMI INSTITUTE WEIGHT MANAGEMENT CENTER	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/22/2008
NU INSTITUTE	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2726	12/1/2009
NU INSTITUTE FOR AGE MANAGEMENT AND INTE	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/22/2008

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.