



GERMAN GORRITA

License Number: APRN11004946

Data As Of 4/24/2026

Profession	Advanced Practice Registered Nurse
License	APRN11004946
License Status	Clear/Active
Qualifications	Autonomous Practice APRN Nurse Practitioner Dispensing Practitioner
License Expiration Date	4/30/2027
License Original Issue Date	11/05/2019
Address of Record	1422 NW 7th Street MIAMI, FL 33125
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

428 NE 125 st
NORTH MIAMI, FL 33161

Address

8251 West Broward BLVD
PLANTATION, FL 33324

Address

290 NE 8 St
HOMESTEAD, FL 33030

Address

11701 SW 147 Ave
KENDALL, FL 33196

Address

149 West 21 St
HIALEAH, FL 33010

Address

2750 West 68 st
HIALEAH, FL 33016

Address

9853 SW 40 St
MIAMI, FL 33165

Address

1479 NW 27 ave
MIAMI, FL 33125

Address

6674 NW 57 ST
LAUDERHILL, FL 33319

Address

5740 NW 183RD ST
HIALEAH, FL 33012

Address

3320 W 84TH ST
HIALEAH, FL 33018

[Address](#)

1600 NE MIAMI GARDENS
MIAMI, FL 33179

[Address](#)

8611 SW 40TH ST
MIAMI, FL 33155

[Address](#)

9798 SW 24TH ST
MIAMI, FL 33165

[Address](#)

11510 Quail Roost Drive
MIAMI, FL 33157

[Address](#)

1500 S HIATUS RD
PEMBROKE PINES, FL 33025

[Address](#)

2601 S MILITARY TRL STE 1
WEST PALM BEACH, FL 33415

[Address](#)

1422 NW 7TH ST
MIAMI, FL 33125

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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