



NYDIA GRICELLE DEL TORO RIVERA

License Number: ACN643

Data As Of 5/5/2026

Profession	Area of Critical Need Medical Doctor
License	ACN643
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	03/09/2015
Address of Record	1120 Carlton Ave LAKE WALES, FL 33853
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2315 W. FLAGLER STREET AMERICAN CARE OF SOUTH FLORIDA, INC.
MIAMI, FL 33135

Address

1521 NW 54 STREET AMERICAN CARE OF SOUTH FLORIDA, INC.
MIAMI, FL 33142

Address

1600 W. OAKLAND PARK BLVD. AMERICAN CARE OF SOUTH FLORIDA, INC.
OAKLAND PARK, FL 33311

Address

6200 PEMBROKE ROAD AMERICAN CARE OF SOUTH FLORIDA, INC.
MIRAMAR, FL 33023

Address

3342 BORADWAY AMERICAN CARE OF SOUTH FLORIDA, INC.
RIVIERA BEACH, FL 33404

Address

1301 S. MAIN STREET AMERICAN CARE OF SOUTH FLORIDA, INC.
BELLE GLADE, FL 33430

Address

818 S. DIXIE HIGHWAY AMERICAN CARE OF SOUTH FLORIDA, INC.
LAKE WORTH, FL 33460

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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	Effective License Date
AMERICAN CARE INC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	02/16/2015
AMERICAN CARE OF SOUTH FLORIDA, INC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020
AMERICAN CARE OF SOUTH FLORIDA, INC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020
AMERICAN CARE OF SOUTH FLORIDA, INC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020

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.

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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:

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