



RAFAEL GONZALEZ MD

License Number: ME89042

Data As Of 4/28/2025

Profession	Medical Doctor
License	ME89042
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	11/04/2003
Address of Record	1479 NW 27 AVENUE 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

8251 West Broward Boulevard Suite 200-210
PLANTATION, FL 33324

Address

9853 SW 40 STREET
MIAMI, FL 33165

Address

6355 NW 36th St Suite 604
VIRGINIA GARDENS, FL 33166

Address

290 NE 8TH ST
HOMESTEAD, FL 33030

Address

11701 SW 147th Ave
MIAMI, FL 33196

Address

149 W 21ST STREET
MIAMI, FL 33010

Address

2750 w 68th st STE 127-128
HIALEAH, FL 33016

Address

450 sw 136th ave
MIRAMAR, FL 33027

Address

6674 NW 57TH ST
LAUDERHILL, FL 33319

Address

428 NW 125TH ST
MIAMI, FL 33161

Address

4578 W 12TH AVE
HIALEAH, FL 33012

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

[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

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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