



GIOVANNA CIOCCA MD

License Number: ME95594

Data As Of 7/4/2025

Profession	Medical Doctor
License	ME95594
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	04/17/2006
Address of Record	7001 SW 97 Ave SUITE 101 MIAMI, FL 33173
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

601 N Federal Highway Ste 502
HALLANDALE BEACH, FL 33009

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.

Subordinate Practitioners

Name	Relationship	Profession	Effective License Date
------	--------------	------------	---------------------------

Name	Relationship	Profession	Effective License	Date
ALFARO, YAMILE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108912	5/27/2016
ALFARO, YAMILE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108912	5/27/2016
CIOCCA DERMATOLOGY PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4305	2/24/2011
DE SOLO, CATRYNA NICOLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113965	1/14/2021
DE SOLO, CATRYNA NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113965	1/14/2021

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.