



## AMAURY CASTILLO

License Number: RN3254842

Data As Of 5/6/2026

Profession	Registered Nurse
License	RN3254842
License Status	Clear/Active
Qualifications	Single-state License
License Expiration Date	4/30/2027
License Original Issue Date	02/26/1998
Address of Record	9175 SW 87 Avenue KENDALL, FL 33176
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1642 Town Center Circle  
WESTON, FL 33326

#### Address

14701 NW 77 Avenue  
MIAMI LAKES, FL 33014

#### Address

12472 W. Sunrise BLVD  
SUNRISE, FL 33323

#### Address

6264 W. Sample Road #100  
CORAL SPRINGS, FL 33067

#### Address

3150 SW 38 ave  
MIAMI, FL 33146

#### Address

15885 Pines BLVD  
PEMBROKE PINES, FL 33027

#### Address

10 Giralda Ave.  
CORAL GABLES, FL 33134

#### Address

1240 S. Dixie Hwy  
CORAL GABLES, FL 33146

#### Address

9915 NW 41 Street  
MIAMI, FL 33178

#### Address

4741 S. University Drive  
DAVIE, FL 33328

#### Address

2600 Brickell Ave.  
MIAMI, FL 33129

### Discipline/Admin Action

Please also check the Discipline/Admin action of the other license by clicking on the "Other License" tab.

## 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.

## Other License

Name	Relationship	Profession	License	Effective Date
	APRN CONVERSION	ADVANCED PRACTICE REGISTERED NURSE	3254842	10/19/2018

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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