



ANIA CATALINA MORA

License Number: APRN9292648

Data As Of 7/18/2025

Profession	Advanced Practice Registered Nurse
License	APRN9292648
License Status	Clear/Active
Qualifications	Autonomous Practice APRN Nurse Practitioner Dispensing Practitioner
License Expiration Date	4/30/2027
License Original Issue Date	11/24/2014
Address of Record	11701 SW 147 Ave MIAMI, FL 33196
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1479 NW 27 Ave FL
MIAMI, FL 33125

[Address](#)

290 NE 8TH ST
HOMESTEAD, FL 33030

[Address](#)

9853 SW 40 STREET
MIAMI, FL 33165

[Address](#)

6674 NW 57TH ST
LAUDERHILL, FL 33319

[Address](#)

8251 W BROWARD BLVD STE 200-210
PLANTATION, FL 33324

[Address](#)

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

[Address](#)

149 W 21ST STREET
HIALEAH, FL 33010

[Address](#)

450 sw 136th ave
PEMBROKE PINES, FL 33027

[Address](#)

428 NW 125TH ST
MIAMI, FL 33161

[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

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	REGISTERED NURSE	9292648	10/19/2018

Click on the License Number to view License Details for that Practitioner

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