



## ANA PAOLA OROZCO

### License Number: ME105873

Data As Of 1/9/2026

Profession	Medical Doctor
License	ME105873
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	11/23/2009
Address of Record	13001 N kendall drive KENDALL, FL 33186
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

6264 W. SAMPLE ROAD, #100  
CORAL SPRINGS, FL 33067

#### Address

10 GIRALDA AVENUE  
CORAL GABLES, FL 33134

#### Address

2660 BRICKELL AVENUE  
MIAMI, FL 33129

#### Address

1642 TOWN CENTER CIRCLE  
WESTON, FL 33326

#### Address

1240 S. DIXIE HGHWAY  
CORAL GABLES, FL 33146

#### Address

12472 W. SUNRISE BLVD.  
SUNRISE, FL 33323

#### Address

15885 PINES BLVD.  
PEMBROKE PINES, FL 33027

#### Address

14701 NW 77 AVENUE  
MIAMI LAKES, FL 33014

#### Address

4741 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

#### Address

9915 NW 41 STREET  
DORAL BRANCH, FL 33178

#### Address

14660 S.W 56TH STREET  
MIAMI, FL 33175

#### Address

11805 S. DIXIE HIGHWAY  
MIAMI, FL 33156

[Address](#)

14660 S.W 8TH STREET  
MIAMI, FL 33184

[Address](#)

8840 BIRD ROAD  
MIAMI, FL 33165

[Address](#)

8750 S.W 144TH STREET  
MIAMI, FL 33176

[Address](#)

13001 N. KENDALL DRIVE  
KENDALL, FL 33186

**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	License	Effective Date
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
HERNANDEZ, SHEYLA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108905	12/1/2025
RODRIGUEZ, ANA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100681	4/25/2018
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	10/13/2016

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

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