# ANA PAOLA OROZCO

# License Number: ME105873

Data As Of 11/21/2025

Profession Medical Doctor
License ME105873
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 11/23/2009

Address of Record 13001 N kendall drive KENDALL, FL 33186

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

13001 N. KENDALL DRIVE KENDALL, FL 33186

### Address

8750 S.W 144TH STREET

MIAMI, FL 33176

#### Address

8840 BIRD ROAD MIAMI, FL 33165

### Address

14660 S.W 8TH STREET

MIAMI, FL 33184

### Address

11805 S. DIXIE HIGHWAY

MIAMI, FL 33156

### Address

14660 S.W 56TH STREET

MIAMI, FL 33175

## Address

9915 NW 41 STREET

DORAL BRANCH, FL 33178

### Address

4741 S. UNIVERSITY DRIVE

DAVIE, FL 33328

### Address

14701 NW 77 AVENUE

MIAMI LAKES, FL 33014

### Address

15885 PINES BLVD.

PEMBROKE PINES, FL 33027

### Address

12472 W. SUNRISE BLVD.

SUNRISE, FL 33323

Address

1240 S. DIXIE HGHWAY CORAL GABLES, FL 33146

#### Address

1642 TOWN CENTER CIRCLE WESTON, FL 33326

Address

2660 BRICKELL AVENUE

MIAMI, FL 33129

Address

10 GIRALDA AVENUE

CORAL GABLES, FL 33134

Address

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

# 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
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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