



MARIA ELENA CARPIO

License Number: ME106370

Data As Of 4/24/2026

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| Profession | Medical Doctor |
| License | ME106370 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 02/16/2010 |
| Address of Record | 6200 Sunset Drive Suit 302 SOUTH MIAMI, FL 33143 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1228 S. Pine Island Rd. Baptist Medical Plaza at Plantation
PLANTATION, FL 33324

Address

8400 NW 53 St. Baptist Medical Plaza at Downtown Doral
MIAMI, FL 33166

Address

4741 South University Dr. Baptist Medical Plaza at Davie
DAVIE, FL 33328

Address

15885 Pines Blvd. Baptist Medical Plaza at Pembroke Pines
PEMBROKE PINES, FL 33027

Address

12472 West Sunrise Boulevard Baptist Medical Plaza at Sawgrass
SUNRISE, FL 33323

Address

1642 Town Center Circle Baptist Urgent Care at Weston
WESTON, FL 33326

Address

1240 South Dixie Highway Baptist Medical Plaza at University
CORAL GABLES, FL 33146

Address

709 Alton RD Baptist Medical plaza at Miami Beach
MIAMI BEACH, FL 33139

Address

14701 NW 77th Ave. Baptist Medical plaza at Miami Beach
MIAMI LAKES, FL 33014

Address

99 NW 41st St. Baptist Medical Plaza at Doral
MIAMI, FL 33178

Address

10 Giralda Ave. Baptist Medical Plaza at Coral Gables
CORAL GABLES, FL 33134

[Address](#)

2660 Brickell Ave. Baptist Medical Plaza at Brickell
MIAMI, FL 33129

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 |
|--------------------------|---------------------------------|---------------------|---------|----------------|
| VELAZCO, CORINA CRISTINA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116383 | 9/14/2022 |

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

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