#### LAZARO MANUEL CALVINO ACOSTA

#### License Number: ME106274

Data As Of 8/12/2025

Profession Medical Doctor
License ME106274
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 02/03/2010
Address of Record 445 EAST 25 ST
HIALEAH, FL 33013

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

7950 NW 2nd Street Leon Medical Centers, LLC MIAMI, FL 33126

## 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

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Please include the following:

- 1. Full name and license number of the practitioner;
- $2. \ \mbox{Name}$  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
ABRAHAM, CHRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100207	5/31/2016
SERRANO, LUIS M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102147	6/13/2016

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

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