



FRANCISCO S ROSAS

License Number: ACN864

Data As Of 8/10/2025

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|--|---|
| Profession | Area of Critical Need Medical Doctor |
| License | ACN864 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 10/24/2016 |
| Address of Record | 900 W 49TH STREET SUITE 101 MEDCARE CENTERS HIALEAH, FL 33012 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

900 W. 49th St. Suite 308
HIALEAH, FL 33012

Address

1149 SW 27th Ave.
MIAMI, FL 33135

Address

7200 NW 7th St. Suite 150
MIAMI, FL 33126

Address

4767 NW 183rd St. Medcare Centers LLC
MIAMI GARDENS, FL 33055

Address

10980 SW 184th St.
MIAMI, FL 33157

Address

4218 E 4th Ave.
HIALEAH, FL 33013

Address

900 W 49th St Ste 330
HIALEAH, FL 33012

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 |
|--------------|--------------|------------|---------|----------------|
| WOLAK, DANNY | PHARMACIST | PHARMACIST | 63826 | 9/11/2023 |

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

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