



MANUEL OMAR CRUZ-DIAZ

License Number: ME117509

Data As Of 7/17/2025

Profession	Medical Doctor
License	ME117509
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/09/2013
Address of Record	1486 Swanson Dr OVIEDO, FL 32765
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1186 Tree Swallow Drive
OVIEDO, FL 32765

Address

15415 Waverbird Rd Suite 110
WINTER GARDEN, FL 34787

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
SKINCARE AESTHETICS & LASER, LLC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1673	5/13/2024

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

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