



## TANIA AIDEE VELEZ CALAO

### License Number: ME122480

Data As Of 7/16/2025

Profession	Medical Doctor
License	ME122480
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	12/22/2014
Address of Record	10890 NW 17TH ST, UNIT 126 MIAMI, FL 33172
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

4302 Alton Road Suite 660 RIOS MEDICAL CENTER, INC.  
MIAMI BEACH, FL 33140

#### Address

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

#### Address

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

#### Address

1642 Town Center Circle Baptist Medical Plaza at Weston  
WESTON, FL 33326

#### Address

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

#### Address

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

#### Address

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

#### Address

9915 NW 41st St. Baptist Medical Plaza at Doral  
MIAMI, FL 33178

#### Address

14701 NW 77th AVE. Baptist Medical Plaza at Miami Lakes  
MIAMI LAKES, FL 33014

#### Address

709 Alton Rd. Baptist Medical Plaza at Miami Beach  
MIAMI, FL 33129

#### Address

1240 South Dixie Highway  
CORAL GABLES, FL 33146

## 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.

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