



ALBERTO ORTA-IGLESIAS

License Number: ACN967

Data As Of 12/23/2024

Profession	Area of Critical Need Medical Doctor
License	ACN967
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/19/2017
Address of Record	434 SW 12th Ave Suite 100 MIAMI, FL 33130
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1272 NW 119TH STREET
MIAMI, FL 33167

[Address](#)

2901 NW 17TH AVE.
MIAMI, FL 33142

[Address](#)

434 SW 12th Ave Ste 100
MIAMI, FL 33130

[Address](#)

1149 SW 27th Ave.
MIAMI, FL 33135

[Address](#)

11825 SW 26th St.
MIAMI, FL 33175

[Address](#)

10980 SW 184th St.
MIAMI, FL 33157

[Address](#)

900 W 49th St. Suite 101
HIALEAH, FL 33012

[Address](#)

4218 E 4th Ave. Centrum Medical Center-East Hialeah
HIALEAH, FL 33013

[Address](#)

4767 NW 183rd St.
MIAMI GARDENS, FL 33055

[Address](#)

7200 NW 7th St.
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

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.

Supervising Practitioners

Name	Relationship	Profession	Effective License Date
DOCTOR'S MEDICAL CENTER, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/21/2020
DOCTOR'S MEDICAL CENTER, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/21/2020
LATINO MEDICAL CENTER II, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/21/2020

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

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.