



JUAN JOSE MONTTOYA, JR.

License Number: PA9110697

Data As Of 8/20/2025

Profession	Physician Assistant
License	PA9110697
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/19/2017
Address of Record	500 Winderley Place #115 MAITLAND, FL 32751
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

601 E. ROLLINS STREET FLORIDA HOSPITAL FOR CHILDREN
ORLANDO, FL 32803

Address

601 E. ROLLINS STREET FLORIDA HOSPITAL ORLANDO
ORLANDO, FL 32803

Address

200 N. LAKEMONT AVENUE FLORIDA HOSPITAL WINTER PARK
WINTER PARK, FL 32792

Address

400 CELEBRATION PL FLORIDA HOSPITAL CELEBRATION
CELEBRATION, FL 34747

Address

7727 LAKE UNDERHILL DR. FLORIDA HOSPITAL EAST ORLANDO
ORLANDO, FL 32822

Address

201 N. PARK AVENUE FLORIDA HOSPITAL APOPKA
APOPKA, FL 32703

Address

1000 WATERMAN WAY FLORIDA HOSPITAL WATERMAN
TAVARES, FL 32778

Address

2000 FOWLER GROVE BLVD. FLORIDA HOSPITAL WINTER GARDEN
WINTER GARDEN, FL 34787

Address

601 E. ALTAMONTE DR. FLORIDA HOSPITAL ALTAMONTE
ALTAMONTE SPRINGS, FL 32701

Address

2450 N. ORANGE BLOSSOM TRL FLORIDA HOSPITAL KISSIMMEE
KISSIMMEE, FL 34744

Address

950 RINEHART RD. FLORIDA HOSPITAL LAKE MARY
LAKE MARY, FL 32746

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
BORRERO-MENDOZA, ANDRES ELIAS MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	140971	06/25/2025
MOORE, ROSS AARON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	136093	06/18/2025

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

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