

## **ROGER ALVAREZ SOTO**

# License Number: ME141339

Data As Of 12/13/2025

Profession Medical Doctor
License ME141339
License Status Clear/Active

Qualifications Dispensing Practitioner

No

License Expiration Date 1/31/2027
License Original Issue Date 06/14/2019
Address of Record 5975 Sunset Dr
Suite 402
MIAMI, FL 33143

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

9915 NW 41st Street DORAL, FL 33178

#### Address

1228 S Pine Island Rd PLANTATION, FL 33324

# Address

8400 NW 53st MIAMI, FL 33178

### Address

4741 South University Drive

DAVIE, FL 33328

# Address

15885 Pines Blvd

PEMBROKE PINES, FL 33027

### Address

12472 West Sunrise Blvd

SUNRISE, FL 33323

### Address

1642 Town Center Circle

WESTON, FL 33326

### Address

1240 South Dixie Highway CORAL GABLES, FL 33146

### Address

709 Alton Road

MIAMI BEACH, FL 33139

#### Address

14701 NW 77th Avenue MIAMI LAKES, FL 33014

### Address

10 Giralda Avenue

CORAL GABLES, FL 33134

#### Address

2660 Brickell Avenue MIAMI. FL 33129

# 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
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383 9/14/2022

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

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