



## CARLOS ALFREDO VERDEZA

License Number: PA9100864

Data As Of 7/5/2025

Profession	Physician Assistant
License	PA9100864
License Status	Null And Void/
Qualifications	Prescribing
License Expiration Date	1/31/2020
License Original Issue Date	01/25/1999
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

### Address

5246 SW 8TH ST. SUITE 101 E  
CORAL GABLES, FL 33134

### Address

5246 SW 8TH ST. SUITE 101 F  
CORAL GABLES, FL 33134

### Address

5252 SW 8TH ST GABLES HEALTH PRACTICE AYALA MD CORP  
MIAMI, FL 33134

### Address

5246 SW 8TH STE 101-F BEST THERAPY CENTER INC  
CORAL GABLES, FL 33134

### Address

7271 SW 24ST #207 MHC CLINIC CORP  
MIAMI, FL 33155

### Address

2711 SW 137 AVE STE 98 DOUBLE R THERAPY  
MIAMI, FL 33175

### Address

897 SE. 86CT. HEALTH MIAMI MEDICAL CARE  
MIAMI, FL 33144

### Address

3383 NW. 7TH ST. CARE SERVICE OF REHABILITATION INC  
MIAMI, FL 33125

## Discipline/Admin Action

## Emergency Actions

No Emergency Actions Found

## Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
VERDEZA, CARLOS ALFREDO	9100864	PHYSICIAN ASSIS	MIAMI	FL	200200697	OBLIGATION(S) SATISFIED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
VERDEZA, CARLOS ALFREDO	9100864	PHYSICIAN ASSISTANT	MIAMI	FL	200200697	AC FILED

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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