



## PETER MAYORGA

License Number: MA41754

Data As Of 10/18/2024

Profession                      Massage Therapist  
 License                         MA41754  
 License Status                DELINQUENT/  
 License Expiration Date     8/31/2023  
 License Original Issue  
 Date                            07/16/2004  
 Address of Record            AVENTURA MALL  
                                     19501 BISCAYNE BLVD.  
                                     10460 SW 201ST TER  
                                     MIAMI, FL 33180  
 Discipline on File            No  
 Public Complaint             Yes  
 Alerts                         Enforcement Alert  
                                     10/21/2022 4:26:46 PM  
                                     Emergency Restriction Order filed 10/21/2022.

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
MAYORGA, PETER	41754	MASSAGE THERAPIST	MIAMI	MIAMI-DADE	FL	202238965	ERO ISSUED	10/21/2022

#### Discipline Cases

No Discipline Found

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MAYORGA, PETER	41754	MASSAGE THERAPIST	MIAMI	FL	202238965	AC FILED
MAYORGA, PETER	41754	MASSAGE THERAPIST	MIAMI	FL	202238965	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.

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.

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