Florida HEALTH Department of Health

FRANCISCO JAVIER GARCIA

License Number: PA9103855

Data As Of 11/24/2026

Profession	Physician Assistant
License	PA9103855
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	08/22/2006
Address of Record	1150 Campo Sano Avenue second floor CORAL GABLES, FL 33146
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
8900 NORTH KENDALL DRIVE BAPTIST HOSPITAL OF MIAMI
MIAMI, FL 33176

Address
6200 S.W 73 STREET SOUTH MIAMI HOSPITAL
SOUTH MIAMI, FL 33143

Address
5000 UNIVERSITY DRIVE DOCTOR HOSPITAL
CORAL GABLES, FL 33146

Address
15955 S.W. 96 STREET STE.#401 MIAMI ORTHOPEDICS AND SPORTS MEDICINE
MIAMI, FL 33196

Address
6200 S.W. 72 STREET STE.#602 MIAMI ORTHOPEDICS AND SPORTS MEDICINE
SOUTH MIAMI, FL 33143

Address
9555 S.W. 162 AVENUE WEST KENDALL BAPTIST HOSPITAL
MIAMI, FL 33196

Address
975 BAPTIST WAY STE 202 MIAMI ORTHOPEDIC AND SPORT MEDICINE
HOMESTEAD, FL 33033

Address
8940 North Kendall Drive suite 601E
MIAMI, FL 33176

Address
8900 N. Kendall Drive
MIAMI, FL 33176

Address
5000 University Drive
CORAL GABLES, FL 33146

Address
975 Baptist Way
HOMESTEAD, FL 33033

Address
9555 SW 162nd Ave
MIAMI, FL 33196
Address
6200 SW 73rd Street
SOUTH MIAMI, FL 33143

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	License	Effective Date
PAPP, DEREK FRANCIS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	106574	03/09/2018

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

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