



## RENE CASANOVA M.D.

### License Number: ME78770

Data As Of 6/1/2025

Profession	Medical Doctor
License	ME78770
License Status	OBLIGATIONS/Active
License Expiration Date	1/31/2026
License Original Issue Date	08/12/1999
Address of Record	MD Health 2730 FL-7 MARGATE, FL 33063
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

Doc Now 300 NW 49th Avenue  
LAUDERHILL, FL 33313

#### Address

5590 W 20th Ave Suite 100  
MIAMI, FL 33016

#### Address

4141 SW 6TH ST  
CORAL GABLES, FL 33134

#### Address

11865 Coral Way Ste B-7  
MIAMI, FL 33175

#### Address

4305 E 8th Ave Suite E  
HIALEAH, FL 33013

#### Address

14024 sw 8 St  
MIAMI, FL 33184

### Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
CASANOVA, RENE	78770	MEDICAL DOCTOR	MARGATE	FL	201101542	RESTRICTED FROM PRACTICE

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CASANOVA, RENE	78770	MEDICAL DOCTOR	MARGATE	FL	201101542	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.

### Subordinate Practitioners

Name		Relationship Profession		Effective License	Date
MINOR EMERGENCY CTR OF N BROWARD, INC		HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2216	1/5/2009

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

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.