



## JOSE F LLACH

### License Number: OS10826

Data As Of 12/2/2024

Profession	Osteopathic Physician
License	OS10826
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	11/17/2009
Address of Record	14150 SW 136 St BHEC at Country Walk KENDALL, FL 33186
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

14591 Coral Way BHEC at Coral Way West  
MIAMI, FL 33175

#### Address

13001 N Kendall Drive BHUC at West Kendall  
MIAMI, FL 33186

#### Address

8950 SW 152 Street, Ste 103 BMP at Palmetto Bay  
MIAMI, FL 33157

#### Address

14660 SW 8th Street BMP at Tamiami  
MIAMI, FL 33184

#### Address

8840 Bird Road BMP at Westchester  
MIAMI, FL 33165

#### Address

11805 South Dixie Hwy BHUC at Pinecrest  
MIAMI, FL 33156

#### Address

14661 SW 56th Street BHUC at Kendale Lakes  
MIAMI, FL 33175

#### Address

13500 SW 152nd Street BMP at Country Walk  
MIAMI, FL 33177

#### Address

9500 NW 58th St BHH at Doral  
MIAMI, FL 33178

#### Address

15200 NW 77th Court BHEC at Miami Lakes  
MIAMI LAKES, FL 33016

#### Address

8750 SW 144th Street BHEC at Palmetto Bay  
MIAMI, FL 33176

## 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
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/14/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/19/2016
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016

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

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