



## MARIA ELENA CARPIO

### License Number: ME106370

Data As Of 4/30/2026

Profession	Medical Doctor
License	ME106370
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	02/16/2010
Address of Record	6200 Sunset Drive Suit 302 SOUTH MIAMI, FL 33143
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1228 S. Pine Island Rd. Baptist Medical Plaza at Plantation  
PLANTATION, FL 33324

#### Address

8400 NW 53 St. Baptist Medical Plaza at Downtown Doral  
MIAMI, FL 33166

#### Address

4741 South University Dr. Baptist Medical Plaza at Davie  
DAVIE, FL 33328

#### Address

15885 Pines Blvd. Baptist Medical Plaza at Pembroke Pines  
PEMBROKE PINES, FL 33027

#### Address

12472 West Sunrise Boulevard Baptist Medical Plaza at Sawgrass  
SUNRISE, FL 33323

#### Address

1642 Town Center Circle Baptist Urgent Care at Weston  
WESTON, FL 33326

#### Address

1240 South Dixie Highway Baptist Medical Plaza at University  
CORAL GABLES, FL 33146

#### Address

709 Alton RD Baptist Medical plaza at Miami Beach  
MIAMI BEACH, FL 33139

#### Address

14701 NW 77th Ave. Baptist Medical plaza at Miami Beach  
MIAMI LAKES, FL 33014

#### Address

99 NW 41st St. Baptist Medical Plaza at Doral  
MIAMI, FL 33178

#### Address

10 Giralda Ave. Baptist Medical Plaza at Coral Gables  
CORAL GABLES, FL 33134

### [Address](#)

2660 Brickell Ave. Baptist Medical Plaza at Brickell  
MIAMI, FL 33129

## 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
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383	9/14/2022

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

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