



## FRANCISCO S ROSAS

### License Number: ACN864

Data As Of 6/9/2025

Profession	Area of Critical Need Medical Doctor
License	ACN864
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/24/2016
Address of Record	900 W 49TH STREET SUITE 101 MEDCARE CENTERS HIALEAH, FL 33012
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

900 W. 49th St. Suite 308  
HIALEAH, FL 33012

#### Address

1149 SW 27th Ave.  
MIAMI, FL 33135

#### Address

7200 NW 7th St. Suite 150  
MIAMI, FL 33126

#### Address

4767 NW 183rd St. Medcare Centers LLC  
MIAMI GARDENS, FL 33055

#### Address

10980 SW 184th St.  
MIAMI, FL 33157

#### Address

4218 E 4th Ave.  
HIALEAH, FL 33013

#### Address

900 W 49th St Ste 330  
HIALEAH, FL 33012

### 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
WOLAK, DANNY	PHARMACIST	PHARMACIST	63826	9/11/2023

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

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