Florida HEALTH Department of Health

NORMA B ROQUE

License Number: PA9108145

Data As Of 11/1/2026

Profession	Physician Assistant
License	PA9108145
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	08/28/2014
Address of Record	10980 SW 184th Street MEDCARE CENTERS, LLC CUTLER BAY, FL 33157
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
4605 SW 140 CT
MIAMI, FL 33175

Address
7200 NW 7th Street, Suite 202 Medcare Centers, LLC
MIAMI, FL 33126

Address
7200 NW 7th Street, Suite 150 Medcare Centers, LLC
MIAMI, FL 33126

Address
11825 SW 26th Street Medcare Centers, LLC
MIAMI, FL 33175

Address
900 W. 49th Street, suite 308 Medcare Centers, LLC
HIALEAH, FL 33012

Address
900 W. 49th Street, suite 101 Medcare Centers, LLC
HIALEAH, FL 33012

Address
4218 E. 4th Avenue Medcare Centers, LLC
HIALEAH, FL 33013

Address
1149 SW 27th Avenue Medcare Centers, LLC
MIAMI, FL 33135

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
LAM, MANUEL MICHAEL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	135096	01/02/2020
LAM, MANUEL MICHAEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	135096	01/02/2020
MACIAS, FRANCISCO M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	18212	06/14/2017

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.

Secondary Locations

Address
4605 SW 140 CT
MIAMI, FL 33175

Address
7200 NW 7th Street, Suite 202 Medcare Centers, LLC
MIAMI, FL 33126

Address
7200 NW 7th Street, Suite 150 Medcare Centers, LLC
MIAMI, FL 33126

Address
11825 SW 26th Street Medcare Centers, LLC
MIAMI, FL 33175

Address
900 W. 49th Street, suite 308 Medcare Centers, LLC
HIALEAH, FL 33012

Address
900 W. 49th Street, suite 101 Medcare Centers, LLC
HIALEAH, FL 33012

Address
4218 E. 4th Avenue Medcare Centers, LLC
HIALEAH, FL 33013

Address
1149 SW 27th Avenue Medcare Centers, LLC
MIAMI, FL 33135

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
LAM, MANUEL MICHAEL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	135096	01/02/2020
LAM, MANUEL MICHAEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	135096	01/02/2020
MACIAS, FRANCISCO M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	18212	06/14/2017

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.