JUAN JAVIER DAVILA-VELAZQUEZ

License Number: ME129434

Data As Of 7/29/2025	
Profession	Medical Doctor
License	ME129434
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	08/05/2016
Address of Record	430 SW 13th Ave
	Apt 2306
	PORTLAND, OR 97205
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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
BROWN, PATRICIA MARIE	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	233	3/1/2018
PARISIAN, BROOKE ALEXANDRIA	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	106	5/1/2017
TAVALAICCIO, ASHLEY LYNN	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	171	9/3/2019

Name	Relationship	Profession	License	Effective Date
TILTON, ASHLEY NICOLE	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	95	4/12/2017

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

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