



## ROGER ALVAREZ SOTO

License Number: ME141339

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME141339
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	06/14/2019
Address of Record	5975 Sunset Dr Suite 402 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](#)

2660 Brickell Avenue  
MIAMI, FL 33129

[Address](#)

10 Giralda Avenue  
CORAL GABLES, FL 33134

[Address](#)

14701 NW 77th Avenue  
MIAMI LAKES, FL 33014

[Address](#)

709 Alton Road  
MIAMI BEACH, FL 33139

[Address](#)

1240 South Dixie Highway  
CORAL GABLES, FL 33146

[Address](#)

1642 Town Center Circle  
WESTON, FL 33326

[Address](#)

12472 West Sunrise Blvd  
SUNRISE, FL 33323

[Address](#)

15885 Pines Blvd  
PEMBROKE PINES, FL 33027

[Address](#)

4741 South University Drive  
DAVIE, FL 33328

[Address](#)

8400 NW 53st  
MIAMI, FL 33178

[Address](#)

1228 S Pine Island Rd  
PLANTATION, FL 33324

### Address

NW 41st Street  
DORAL, FL 33178

## 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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