Florida HEALTH Department of Health

ROGER ALVAREZ SOTO

License Number: ME141339

Data As Of 10/29/2026

Profession	Medical Doctor
License	ME141339
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
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
9915 NW 41st Street
DORAL, FL 33178

Address
1228 S Pine Island Rd
PLANTATION, FL 33324

Address
8400 NW 53st
MIAMI, FL 33178

Address
4741 South University Drive
DAVIE, FL 33328

Address
15885 Pines Blvd
PEMBROKE PINES, FL 33027

Address
12472 West Sunrise Blvd
SUNRISE, FL 33323

Address
1642 Town Center Circle
WESTON, FL 33326

Address
1240 South Dixie Highway
CORAL GABLES, FL 33146

Address
709 Alton Road
MIAMI BEACH, FL 33139

Address
14701 NW 77th Avenue
MIAMI LAKES, FL 33014

Address
10 Giralda Avenue
CORAL GABLES, FL 33134

Address
2660 Brickell Avenue
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

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.

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