



LAURA E DIAZ

License Number: PA9112148

Data As Of 12/2/2024

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| Profession | Physician Assistant |
| License | PA9112148 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 04/17/2019 |
| Address of Record | 16735 NW 67th Ave #102 HIALEAH LAKES, FL 33015 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

4001 SW 88th St.
MIAMI, FL 33155

Address

2750 Coral Way
MIAMI, FL 33126

Address

150 NW 42nd Rd
MIAMI, FL 33126

Address

6605 S. Dixie Hwy
MIAMI, FL 33143

Address

1250 South Miami Ave.
MIAMI, FL 33130

Address

12301 S. Dixie Hwy
PINECREST, FL 33156

Address

14085 SW 88th St
MIAMI, FL 33186

Address

9971 W. Flagler
MIAMI, FL 33174

Address

12555 Biscayne Blvd
NORTH MIAMI, FL 33181

Address

1770 NE Miami Gardens Dr
NORTH MIAMI BEACH, FL 33179

Address

2310 Biscayne Blvd
MIAMI, FL 33137

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 | Effective License Number | Effective Date |
|---------------------------------|---|--------------------------|--------------------------|----------------|
| MAY, DUSTIN WEBSTER CAMPBELL | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 13262 | 01/05/2024 |

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

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