

## ROSA MARIA DIAZ

### License Number: MT1810

Data As Of 10/5/2026

|                             |                                                                        |
|-----------------------------|------------------------------------------------------------------------|
| Profession                  | Licensed Marriage & Family Therapist                                   |
| License                     | MT1810                                                                 |
| License Status              | Clear/Active                                                           |
| Qualifications              | Qualified Supervisor MFT<br>Qualified Supervisor MHC                   |
| License Expiration Date     | 3/31/2027                                                              |
| License Original Issue Date | 02/18/2000                                                             |
| Address of Record           | 12781 Miramar Parkway<br>Suite1-293<br>PRACTICING<br>MIRAMAR, FL 33027 |
| Discipline on File          | No                                                                     |
| Public Complaint            | No                                                                     |

### Secondary Locations

#### Address

12781 Miramar Parkway Suite1-293  
MIRAMAR, FL 33027

### 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 |
|---------------------------------|--------------|--------------------------------|---------|----------------|
| CLARKE, WHITNEY ELIZABETH CHONG | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 26888   | 11/8/2024      |
| STARKAND, MARIA ELSA            | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 27210   | 1/29/2025      |

| Name                   | Relationship | Profession                     | License | Effective Date |
|------------------------|--------------|--------------------------------|---------|----------------|
| VITTI, LAURA ESTEFANIA | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 27221   | 1/30/2025      |

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

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