Florida HEALTH Department of Health

RICARDO RODRIGO ESPINOSA

License Number: PA9100094

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9100094
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/17/1998
Address of Record	6221 NW 36TH STREET Concentra VIRGINIA GARDENS, FL 33166
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
20535 N.W. 2ND AVENUE SUITE 150 Concentra
NORTH MIAMI BEACH, FL 33169

Address
7887 NORTH KENDALL DRIVE SUITE 102 Concentra
MIAMI, FL 33156

Address
6990 N.W. 37TH AVENUE Concentra
MIAMI, FL 33147

Address
1448 N KROME AVE STE 101 Concentra
FLORIDA CITY, FL 33034

Address
10205 S. US1 Unit 102 Concentra
SOUTH MIAMI, FL 33156

Address
7800 NW 25th St Unit 4 Concentra
MIAMI, FL 33122

Address
12170 W Sunrise Blvd. Unit C Concentra
PLANTATION, FL 33323

Address
13750 NW 107th Ave Ste 10 Concentra
HIALEAH, FL 33018

Address
17601 NW 2nd Ave Unit S Concentra
NORTH MIAMI, FL 33169

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	License	Effective Date
BICHARA TOBAR, JAIME ARNOLDO M D	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	129582	01/09/2025
MONTERO, EVELIN DEL PILAR	SUPERVISING PRESCRIBING PRACTITIONER	MEDI. DOCTOR- TEMP AREA OF CRITICAL NEED	1287	09/19/2025
NELSON, SUSAN FRANCES	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6525	07/21/2021

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

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