Florida HEALTH Department of Health

RICARDO ROGELIO DIAZ

License Number: ME43349

Data As Of 10/29/2026

Profession	Medical Doctor
License	ME43349
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	12/13/1983
Address of Record	6868 FOREST HILL BLVD GREEN ACRES, FL 33413
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	No

Secondary Locations

Address
1200 Yamato Rd
BOCA RATON, FL 33431

Address
601 LINTON BLVD
DELRAY BEACH, FL 33444

Address
4570 LANTANA RD
LAKE WORTH, FL 33463

Address
2502 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

Address
3470 NW 62ND AVE
MARGATE, FL 33063

Address
6699 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437

Address
6868 FOREST HILL BLVD
GREEN ACRES, FL 33413

Address
4036 HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

Address
6240 CORAL RIDGE DRIVE SUITE 105
CORAL SPRINGS, FL 33076

Address
2272 N. CONGRESS AVE
BOYNTON BEACH, FL 33426

Address
9060 N/ MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Address

7035 BERACASA WAY
BOCA RATON, FL 33433

Address

11551 SOUTHERN BLVD.
ROYAL PALM BEACH, FL 33411

Address

10081 W OAKLAND PARK BLVD
SUNRISE, FL 33351

Address

9650 PINES BLVD
PEMBROKE PINES, FL 33024

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DIAZ, RICARDO ROGELIO	43349	MEDICAL DOCTOR	GREEN ACRES	FL	199305602	FINE AND LETTER OF CONCERN
DIAZ, RICARDO ROGELIO	43349	MEDICAL DOCTOR	GREEN ACRES	FL	199950550	OBLIGATIONS IMPOSED

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
SPINKA, JAY ALLEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101432	10/21/2026

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

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