Florida HEALTH Department of Health

DORA GAXIOLA

License Number: ACN380

Data As Of 11/1/2026

Profession	Area of Critical Need Medical Doctor
License	ACN380
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	03/17/2011
Address of Record	19000 SW 377TH ST DADE CORRECTIONAL INSTITUTION HOMESTEAD, FL 33034
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
2501 ORTIZ AVE. LEE COUNTY CORRECTIONAL FACILITY
FORT MYERS, FL 33905

Address
3347 TAMIAMI TRAIL COLLIER COUNTY JAIL
NAPLES, FL 34112

Address
3228 GUN CLUB RD. PALM BEACH COUNTY SHERIFF'S DEPT.
WEST PALM BEACH, FL 33406

Address
860 CAMP ROAD BREVARD COUNTY JAIL
COCOA, FL 32927

Address
14470 HARLEE RD. MANATEE COUNTY JAIL
PALMETTO, FL 34221

Address
1300 RED JOHN DR. VOLUSIA COUNTY JAIL
DAYTONA BEACH, FL 32120

Address
551 WEST MAIN ST. LAKE COUNTY SHERIFF'S OFFICE
TAVARES, FL 32778

Address
5755 E. MILTON ROAD SANTA ROSA COUNTY JAIL
MILTON, FL 32583

Address
15 OAK ST. WAKULLA COUNTY SHERIFF'S DEPT.
CRAWFORDVILLE, FL 32327

Address
3955 LEWIS SPEEDWAY ST JOHNS COUNTY JAIL
SAINT AUGUSTINE, FL 32084

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
BREVARD COUNTY JAIL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/13/2020

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
RE MOLINA, LIGIA M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100838	1/9/2020
RE MOLINA, LIGIA M	SUBORDINATE	PHYSICIAN ASSISTANT	9100838	11/11/2019
SORBELLO, JILL KELLY	SUBORDINATE	PHYSICIAN ASSISTANT	9104390	1/10/2019

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

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