



PHILIP JOSEPH DEPAOLA

License Number: PA9104833

Data As Of 8/7/2025

Profession	Physician Assistant
License	PA9104833
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	10/09/2008
Address of Record	1150 CAMPO SANO AVE 3RD FLOOR DOCTOR S HOSPITAL CORAL GABLES, FL 33146
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

6200 SUNSET DRIVE MIAMI ORTHOPEDICS & SPORTS MEDICINE INST
SOUTH MIAMI, FL 33143

Address

6200 S.W. 73RD ST SOUTH MIAMI HOSPITAL
MIAMI, FL 33143

Address

975 BAPTIST WAY HOMESTEAD HOSPITAL
HOMESTEAD, FL 33033

Address

5000 UNIVERSITY DRIVE STE 3100 MOSMI-DOCTORS HOSPITAL
CORAL GABLES, FL 33146

Address

13101 SOUTH DIXIE HWY STE400 MOSMI-PINECREST
PINECREST, FL 33156

Address

8900 NORTH KENDALL DR BAPTIST HOSPITAL
KENDALL, FL 33176

Address

9555 SW 162ND AVE WEST KENDALL HOSPITAL
MIAMI, FL 33196

Address

8900 N. Kendall Drive
MIAMI, FL 33176

Address

5000 University Drive
CORAL GABLES, FL 33146

Address

975 Baptist Way
HOMESTEAD, FL 33033

Address

9555 SW 62nd Street
MIAMI, FL 33196

Address

6200 SW 73rd Street
SOUTH MIAMI, FL 33143

Address

6200 Sunset Drive Suite 200
MIAMI, FL 33143

Address

13101 South Dixie Hwy Suite 400
PINECREST, FL 33156

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.

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