



## MANUEL J CASTELLANOS

License Number: ME94071

Data As Of 12/7/2025

Profession	Medical Doctor
License	ME94071
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	08/15/2005
Address of Record	NICKLAUS CHILDREN HOSPITAL 3100 SW 62ND AVENUE MIAMI, FL 33155
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### [Address](#)

3601 NW 107 AVENUE  
MIAMI, FL 33178

### [Address](#)

11310 LEGACY AVENUE  
PALM BEACH GARDENS, FL 33410

### [Address](#)

15025 NW 77 AVENUE  
MIAMI LAKES, FL 33014

### [Address](#)

3915 BISCAYNE BLVD.  
MIAMI, FL 33137

### [Address](#)

13400 SW 120 STREET, SUITE 100  
MIAMI, FL 33186

### [Address](#)

12246 MIRAMAR PARKWAY  
MIRAMAR, FL 33025

### [Address](#)

17615 SW 97 AVENUE  
PALMETTO BAY, FL 33157

### [Address](#)

11449 SW 40 STREET  
MIAMI, FL 33165

### [Address](#)

6400 Davis BLVD STE 103  
NAPLES, FL 34104

### [Address](#)

1818 W Flagler Street Ste 300  
MIAMI, FL 33135

### [Address](#)

8337 NW 12th Street Suite 101  
DORAL, FL 33126

## 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
CANNATA, ALEXA LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108165	8/13/2023
CARDONA, JESSICA	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	126532	8/13/2023
CARTAS, IDALBERTO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101443	8/13/2023
CHAVARRIA, JESSICA SUSANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111858	8/13/2023
FERNANDEZ, ELINA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103529	8/13/2023
RAY, LISA MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103854	8/13/2023

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

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