



MANUEL J CASTELLANOS

License Number: ME94071

Data As Of 12/2/2024

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|--|--|
| 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](#)

11449 SW 40 STREET
MIAMI, FL 33165

[Address](#)

17615 SW 97 AVENUE
PALMETTO BAY, FL 33157

[Address](#)

12246 MIRAMAR PARKWAY
MIRAMAR, FL 33025

[Address](#)

13400 SW 120 STREET, SUITE 100
MIAMI, FL 33186

[Address](#)

3915 BISCAYNE BLVD.
MIAMI, FL 33137

[Address](#)

15025 NW 77 AVENUE
MIAMI LAKES, FL 33014

[Address](#)

11310 LEGACY AVENUE
PALM BEACH GARDENS, FL 33410

[Address](#)

3601 NW 107 AVENUE
MIAMI, FL 33178

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 |

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