



State of Delaware

The Official Website for the First State



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Licensee Information

Full Name: Maria E. Soler

License Information

License No:	C1-0006670	Profession:	Medical Practice	License Type:	Physician M.D.
License Status:	Active	Issue Date:	8/14/2002	Expiration Date:	3/31/2019

Address Information

This information is from the address supplied by the licensee. For most license types, licensees may choose a residence, business or other mailing address.

City: Wilmington **State:** DE **Zipcode:** 19806 **Country:** United States

Discipline Information

No Discipline Information

Public Documents

If disciplinary information appears above but no documents are listed below, the Division of Professional Regulation has not yet added the documents to the webpage. To request the documents, submit a *Request for Public Records* form.

No Public Documents Available Online