



## FRANCISCO M SANCHEZ

### License Number: LL824

Data As Of 7/16/2025

Profession	Medical Doctor Limited License
License	LL824
License Status	Null And Void/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2020
License Original Issue Date	03/14/2018
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

12555 BISCAYNE BLVD. MD NOW URGENT CARE  
NORTH MIAMI, FL 33181

#### Address

601 LINTON BLVD. MD NOW URGENT CARE  
DELRAY BEACH, FL 33444

#### Address

4036 W. HILLSBORO BLVD. MD NOW URGENT CARE  
DEERFIELD BEACH, FL 33442

#### Address

2502 NORTH STATE RD. #7(HWY. 441) MD NOW URGENT CARE  
HOLLYWOOD, FL 33021

#### Address

1770 N.E. MIAMI GARDENS DR. MD NOW URGENT CARE  
NORTH MIAMI BEACH, FL 33179

#### Address

415 E. HALLANDALE BLVD. MD NOW URGENT CARE  
HALLANDALE BEACH, FL 33009

### 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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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