



YURI SANCHEZ

License Number: ME102868

Data As Of 1/12/2026

Profession	Medical Doctor
License	ME102868
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	09/23/2008
Address of Record	14660 SW 8 Street Suite 100 MIAMI, FL 33184
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

14661 S.W. 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES
MIAMI, FL 33175

[Address](#)

1185 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST
MIAMI, FL 33156

[Address](#)

13500 SW 152 STREET
MIAMI, FL 33177

[Address](#)

14660 SW 8TH STREET
MIAMI, FL 33184

[Address](#)

8750 SW 144TH STREET
MIAMI, FL 33176

[Address](#)

8840 BIRD ROAD
MIAMI, FL 33165

[Address](#)

8400 NW 53 ST
MIAMI, FL 33166

[Address](#)

1228 S PINE ISLAND RD
PLANTATION, FL 33324

[Address](#)

1642 TOWN CENTER CIR
WESTON, FL 33326

[Address](#)

12472 W SUNRISE SAWGRASS BLVD
SUNRISE, FL 33323

[Address](#)

15885 PINES BLVD
PEMBROKE PINES, FL 33027

[Address](#)

4741 S UNIVERSITY DR
DAVIE, FL 33328

[Address](#)

9915 NW 41ST ST
MIAMI, FL 33178

[Address](#)

14701 NW 77TH AVE
MIAMI LAKES, FL 33014

[Address](#)

709 ALTON RD
MIAMI BEACH, FL 33139

[Address](#)

1240 SOUTH DIXIE HWY
CORAL GABLES, FL 33146

[Address](#)

2660 BRICKELL AVE
BRICKELL, FL 33231

[Address](#)

10 GIRALDA AVE
CORAL GABLES, FL 33134

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
PERERA, ALEXIS MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	97052	4/28/2016

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

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