MINI VARGHESE

License Number: ME110676

| Data As Of 8/5/2025 | | | |
|------------------------------------|-------------------------|--|--|
| Profession | Medical Doctor | | |
| License | ME110676 | | |
| License Status | Clear/Active | | |
| Qualifications | Dispensing Practitioner | | |
| License Expiration Date | 1/31/2027 | | |
| License Original Issue Date | 07/27/2011 | | |
| Address of Record | 5850 CORAL RIDGE DRIVE | | |
| | SUITE 106 | | |
| | CORAL SPRINGS, FL 33076 | | |
| Controlled Substance Prescriber | No | | |
| (for the Treatment of Chronic Non- | | | |
| malignant Pain) | | | |
| Discipline on File | No | | |
| Public Complaint | No | | |
| | | | |

Secondary Locations

Address 1801 W. SAMPLE ROAD SUITE 202 DEERFIELD BEACH, FL 33064 Address 9970 CENTRAL PARK BLVD NORTH SUITE 402 BOCA RATON, FL 33428 Address

2951 NW 49TH AVENUE SUITE 308 FORT LAUDERDALE, FL 33313

Address

990 North Federal Highway POMPANO BEACH, FL 33062

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 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 |
|-------------------|---------------------------------|---------------------|---------|----------------|
| CALDERON, LINDA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112368 | 9/25/2019 |
| CALDERON, LINDA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112368 | 9/25/2019 |
| KENT, JEIMY PAOLA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110698 | 10/6/2017 |

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

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