



NELSON PEREZ-MATEU

License Number: ME112075

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME112075
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	02/09/2012
Address of Record	5975 Sunset Dr SOUTH MIAMI, FL 33143
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1642 TOWN CENTER CIRCLE BAPTIST HEALTH URGENT CARE (WESTON)
WESTON, FL 33326

Address

14701 NW 77 AVENUE BAPTIST MEDICAL PLAZA AT MIAMI LAKES
MIAMI LAKES, FL 33014

Address

2660 BRICKELL AVENUE BAPTIST MEDICAL PLAZA AT BRICKELL
MIAMI, FL 33129

Address

12472 W. SUNRISE BLVD. BAPTIST HEALTH URGENT CARE (SUNRISE)
SUNRISE, FL 33323

Address

15885 PINES BLVD. BAPTIST MEDICAL PLAZA AT PEMBROKE PINES
PEMBROKE PINES, FL 33027

Address

4741 S. UNIVERSITY DRIVE BAPTIST MEDICAL PLAZA AT DAVIE
DAVIE, FL 33328

Address

1240 S. DIXIE HIGHWAY BAPTIST HEALTH URGENT CARE (UNIV CNTR)
CORAL GABLES, FL 33146

Address

9915 NW 41 STREET BAPTIST MEDICAL PLAZA AT DORAL
DORAL BRANCH, FL 33178

Address

6264 W. SAMPLE ROAD #100 BAPTIST MEDICAL PLAZA AT CORAL SPRINGS
CORAL SPRINGS, FL 33067

Address

10 GIRALDA AVENUE BAPTIST MEDICAL PLAZA AT CORAL GABLES
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.

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