Florida HEALTH Department of Health

ANDREW PEREDA

License Number: PA9109728

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9109728
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	08/23/2016
Address of Record	13001 N. Kendall Drive Baptist Health Urgent Care at West Kenda MIAMI, FL 33186
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
8840 Bird Rd, Suite 100 Baptist Medical Plaza at Westchester
MIAMI, FL 33165

Address
11805 S. Dixie Highway Baptist Health Urgent Care of Pinecrest
MIAMI, FL 33156

Address
13001 N. Kendall Drive Baptist Health Urgent Care at West Kenda
MIAMI, FL 33186

Address
13500 SW 152nd Street Baptistn Medical Plaza at Country Walk
MIAMI, FL 33177

Address
14660 SW 8th Street Baptist Medical Plaza at Tamiami
MIAMI, FL 33184

Address
14661 SW 56th Street Baptist Health Urgent Care at Kendale Lk
MIAMI, FL 33175

Address
8750 SW 144th Street Baptist Medical Plaza at Palmetto Bay
MIAMI, FL 33176

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MONES, HARRIS HAL D O	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4172	09/22/2016
SANCHEZ, CARLOS A	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7598	10/01/2017

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

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