



## ANDREW PEREDA

### License Number: PA9109728

Data As Of 4/16/2025

Profession	Physician Assistant
License	PA9109728
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
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

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

#### Address

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

#### Address

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

#### Address

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

#### Address

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

#### Address

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

#### Address

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

### 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
<a href="#">MONES, HARRIS HAL D O</a>	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4172	09/22/2016
<a href="#">SANCHEZ, CARLOS A</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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