



## ANDRES HENAO

### License Number: PA9109715

Data As Of 8/25/2025

Profession	Physician Assistant
License	PA9109715
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/18/2016
Address of Record	6200 Sunset Drive Suite 602 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

5000 UNIVERSITY DRIVE DOCTORS HOSPITAL  
CORAL GABLES, FL 33146

#### Address

8900 NORTH KENDALL DR BAPTIST HOSPITAL OF MIAMI  
KENDALL, FL 33176

#### Address

9555 SW 162 AVE WEST KENDALL HOSPITAL  
MIAMI, FL 33196

### 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
PETERSON, JOEL ROBERT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	168223	04/10/2025

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

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