



PEDRO JOSE SANCHEZ-HERRERA

License Number: ME134103

Data As Of 9/22/2025

Profession	Medical Doctor
License	ME134103
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/02/2017
Address of Record	628 cagan view rd CLERMONT, FL 34714
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

410 E altamonte dr #1020
ALTAMONTE SPRINGS, FL 32714

[Address](#)

5102 W SR 46
SANFORD, FL 32771

[Address](#)

901 Currency Cir unit 1001
LAKE MARY, FL 32746

[Address](#)

8972 turkey lake rd
ORLANDO, FL 32819

[Address](#)

805 Co RD 466
LADY LAKE, FL 32159

[Address](#)

1328 N woodland blvd
DELAND, FL 32720

[Address](#)

92 E mitchell hammock rd #1006
OVIEDO, FL 32765

[Address](#)

7460 university blvd suite 110
WINTER PARK, FL 32792

[Address](#)

13935 landstar blvd #150
ORLANDO, FL 32824

[Address](#)

2438 S kirkman rd
ORLANDO, FL 32811

[Address](#)

5845 winter garden vineland rd
WINDERMERE, FL 34786

[Address](#)

4670 marigold ave
POINCIANA, FL 34758

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
SPEARMAN, LEAH MICHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113459	12/15/2023
THOMAS, KELSIE LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112153	12/15/2023
WISIDAGAMA, DON ANTON DAYANTHA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113883	10/18/2023

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

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