PEDRO JOSE SANCHEZ-HERRERA

License Number: ME134103

Data As Of 11/27/2025

Profession Medical Doctor
License ME134103
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 10/02/2017
Address of Record 628 cagan view rd
CLERMONT, FL 34714

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

4670 marigold ave POINCIANA, FL 34758

Address

5845 winter garden vineland rd WINDERMERE, FL 34786

Address

2438 S kirkman rd ORLANDO, FL 32811

Address

13935 landstar blvd #150 ORLANDO, FL 32824

Address

7460 university blvd suite 110 WINTER PARK, FL 32792

Address

92 E mitchell hammock rd #1006

OVIEDO, FL 32765

Address

1328 N woodland blvd DELAND, FL 32720

Address

805 Co RD 466

LADY LAKE, FL 32159

Address

8972 turkey lake rd

ORLANDO, FL 32819

Address

901 Currency Cir unit 1001 LAKE MARY, FL 32746

Address

5102 W SR 46

SANFORD, FL 32771

Address

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
THOMAS, KELSIE LEIGH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112153 11/1/2025
THOMAS, KELSIE LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112153 12/15/2023
WISIDAGAMA, DON ANTON DAYANTHA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113883 11/1/2025
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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