



MARIA VIRGINIA GOMEZ PADRON

License Number: ACN1097

Data As Of 5/16/2025

Profession	Area of Critical Need Medical Doctor
License	ACN1097
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/18/2018
Address of Record	4767 NW 183RD ST MIAMI GARDENS, FL 33055
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1149 SW 27th Ave. Medcare Centers LLC
MIAMI, FL 33135

Address

11825 SW 26th St. Medcare Centers LLC
MIAMI, FL 33175

Address

10980 SW 184th St. Medcare Centers LLC
MIAMI, FL 33157

Address

4218 E 4th Ave. Medcare Centers LLC
HIALEAH, FL 33013

Address

900 W 49th St. Suite 308 MedCare Centers LLC
HIALEAH, FL 33012

Address

900 W 49th St. Suite 101 MedCare Centers LLC
HIALEAH, FL 33012

Address

7200 NW 7th St. Suite 202 MedCare Centers LLC
MIAMI, FL 33126

Address

7200 NW 7th St. Medcare Centers LLC Suite 150
MIAMI, FL 33126

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
MED PLAN CLINIC, LLC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/13/2020
MED PLAN CLINIC, LLC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/13/2020
MEDCARE CENTERS	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/13/2020

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.