## ZHENIA BARBARA ALARCON

# License Number: ME142325

Data As Of 11/27/2025

Profession Medical Doctor
License ME142325
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 08/23/2019

Address of Record 35 SW 114 Ave Suite 201

MIAMI, FL 33174

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

6264 West Sample Road CORAL SPRINGS, FL 33067

## Address

13001 N Kendall Drive MIAMI, FL 33186

# Address

13500 SW 152nd Strett BHUC at Country Walk

MIAMI, FL 33177

## Address

11805 South Dixie Highway BHUC at Pinecrest

MIAMI, FL 33156

## Address

13001 N Kendall Drive BHUC at West Kendall

MIAMI, FL 33186

## Address

14661 SW 56th Street BHUC at Kendale Lakes

MIAMI, FL 33175

# Address

8750 SW 144th Street BHUC at Palmetto Bay

MIAMI, FL 33176

#### Address

14660 SW 8th Street BMP at Tamiami

MIAMI, FL 33184

## Address

8840 Bird Road, Suite 100 BMP 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.

# **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383	9/14/2022

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

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