



ENRIQUE TOGORES MARTI

License Number: ME147588

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME147588
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	10/20/2020
Address of Record	3663 S Miami Ave COCONUT GROVE, FL 33133
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2660 Brickell Avenue Baptist Medical Plaza @ Brickell
MIAMI, FL 33129

Address

10 Giralda Avenue Baptist Medical Plaza @ Coral Gables
CORAL GABLES, FL 33134

Address

9915 NW 41st Street Baptist Medical Plaza in Doral
MIAMI, FL 33178

Address

14701 NW 77th Avenue Baptist Medical Plaza @ Miami Lakes
MIAMI LAKES, FL 33014

Address

709 Alton Road Baptist Medical Plaza @ Miami Beach
MIAMI BEACH, FL 33139

Address

1240 South Dixie Highway Baptist Urgent Care @ University
CORAL GABLES, FL 33146

Address

1642 Town Center Circle Baptist Urgent Care at Weston
WESTON, FL 33326

Address

12472 West Sunrise Blvd Baptist Medical Plaza @ Sawgrass
SUNRISE, FL 33323

Address

15885 Pines Blvd Baptist Medical Plaza @ Pembroke Pines
PEMBROKE PINES, FL 33027

Address

4741 South University Drive Baptist Medical Plaza @ Davie
DAVIE, FL 33328

Address

8400 NW 53street
MIAMI, FL 33126

Address

1228 S Pine Island Road Baptist Medical Plaza @ Plantation
PLANTATION, FL 33324

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
PEDOUSSAUT, LAURA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111939	9/11/2023

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

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