



ENRIQUE TOGORES MARTI

License Number: ME147588

Data As Of 9/16/2025

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|--|---|
| 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 53rd Street
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
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.