

YURELSY GALVEZ-RICARDO

License Number: ACN1190

Data As Of 10/31/2026

Profession	Area of Critical Need Medical Doctor
License	ACN1190
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/17/2019
Address of Record	5960 Jog Road LAKE WORTH, FL 33467
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2606 South Dixie Highway
WEST PALM BEACH, FL 33401

Address

18851 S Dixie Hwy
CUTLER BAY, FL 33157

Address

9971 West Flagler Blvd.
MIAMI, FL 33186

Address

12555 C. Biscayne Blvs
NORTH MIAMI, FL 33181

Address

4036 W. Hillsboro Blvd.
DEERFIELD BEACH, FL 33442

Address

2502 N. State Rd. 7
HOLLYWOOD, FL 33021

Address

415 E. Hallandale Beach Blvd.
HALLANDALE BEACH, FL 33009

Address

1770 NE Miami Gardens Dr.
NORTH MIAMI BEACH, FL 33179

Address

601 N. Linton Blvd
DELRAY BEACH, FL 33444

Address

2007 Palm Beach Lakes Blvd. MD Now Medical Centers
WEST PALM BEACH, FL 33409

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	Effective License Date
FERNANDEZ, GIL M., MD DBA MD NOW MEDICAL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/27/2020
MD NOW MEDICAL CENTERS INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/27/2020
MD NOW MEDICAL CENTERS INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020
MD NOW MEDICAL CENTERS, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/27/2020
MD NOW MEDICAL CENTERS, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/27/2020
MD NOW MEDICAL CENTERS, INC. DBA CT CORP	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
ZINNANTI, STEPHEN ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106498	10/21/2026
ZINNANTI, STEPHEN ANTHONY	SUBORDINATE	PHYSICIAN ASSISTANT	9106498	1/1/2020

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