



## LAURA E DIAZ

### License Number: PA9112148

Data As Of 8/27/2025

Profession	Physician Assistant
License	PA9112148
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	04/17/2019
Address of Record	16735 NW 67th Ave #102 HIALEAH LAKES, FL 33015
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

4001 SW 88th St.  
MIAMI, FL 33155

#### Address

2750 Coral Way  
MIAMI, FL 33126

#### Address

150 NW 42nd Rd  
MIAMI, FL 33126

#### Address

6605 S. Dixie Hwy  
MIAMI, FL 33143

#### Address

1250 South Miami Ave.  
MIAMI, FL 33130

#### Address

12301 S. Dixie Hwy  
PINECREST, FL 33156

#### Address

14085 SW 88th St  
MIAMI, FL 33186

#### Address

9971 W. Flagler  
MIAMI, FL 33174

#### Address

12555 Biscayne Blvd  
NORTH MIAMI, FL 33181

#### Address

1770 NE Miami Gardens Dr  
NORTH MIAMI BEACH, FL 33179

#### Address

2310 Biscayne Blvd  
MIAMI, FL 33137

## 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
REVE URGELLES, ADDYS DEL CARMEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	163785	06/29/2025

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

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