

REBECCA MARIE VALDES

License Number: PA9112583

Data As Of 11/27/2025

Profession Physician Assistant

License PA9112583
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

Yes

License Expiration Date 1/31/2028
License Original Issue Date 09/24/2019

Address of Record 792 S Homestead Blvd HOMESTEAD, FL 33030

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

3194 S University Dr. MIRAMAR, FL 33025

Address

9971 W Flagler St B-240

MIAMI, FL 33174

Address

12301 S Dixie Hwy PINECREST, FL 33156

Address

1770 NE Miami Gardens Dr NORTH MIAMI BEACH, FL 33179

Address

12555 Biscayne Blvd, C NORTH MIAMI, FL 33181

Address

2310 Biscayne Blvd MIAMI, FL 33127

Address

16735 NW 67th Ave HIALEAH, FL 33015

Address

150 NW 42nd Ave MIAMI, FL 33126

Address

14085 SW 88th St MIAMI, FL 33186

Address

792 S. Homestead Blvd. HOMESTEAD, FL 33030

Address

385 W 49th St

HIALEAH, FL 33012

Address

6605 South Dixie Hwy

MIAMI, FL 33143

Address

18851 South Dixie Hwy

CUTLER BAY, FL 33157

Address

2750 Coral Way

CORAL GABLES, FL 33145

Address

1250 South Miami Ave

MIAMI, FL 33130

Address

4001 SW 72nd Ave

MIAMI, FL 33155

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	License	Effective Date
MONES. HARRIS HAL D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4172	09/04/2020

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

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