



REBECCA MARIE VALDES

License Number: PA9112583

Data As Of 4/20/2026

| | |
|--|---|
| Profession | Physician Assistant |
| License | PA9112583 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| 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) | No |
| 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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