



## FERNANDA SAMIRA PONCE

### License Number: ME156325

Data As Of 9/16/2025

Profession	Medical Doctor
License	ME156325
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	04/19/2022
Address of Record	13500 SW 152nd St MIAMI, FL 33177
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

Oscarina Hair Design 1107 Ponce De Leon  
MIAMI, FL 33134

#### Address

4300 Alton Road Miami Beach  
MIAMI, FL 33140

#### Address

14661 SW 56th St  
MIAMI, FL 33175

#### Address

8750 SW 144th St Ste 100  
MIAMI, FL 33176

#### Address

14660 SW 8th St Ste 100  
MIAMI, FL 33184

#### Address

11805 S Dixie Hwy  
MIAMI, FL 33156

#### Address

13001 N Kendall Dr  
MIAMI, FL 33186

#### Address

8840 Bird Rd Ste 100  
MIAMI, FL 33165

#### Address

20997 Old Culter Bay  
CUTLER BAY, FL 33189

### 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	8/10/2022

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

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