



ANGELICA MERLANO

License Number: PA9113696

Data As Of 4/29/2025

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| Profession | Physician Assistant |
| License | PA9113696 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 10/06/2020 |
| Address of Record | 7481 W Oakland Park Boulevard Suite 100 LAUDERHILL, FL 33319 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

8201 W Broward Blvd HCA Florida Westside Hospital
FT LAUDERDALE, FL 33324

Address

7201 W Broward Blvd HCA Florida Westside Hospital
PLANTATION, FL 33324

Address

1100 NW 95TH T
MIAMI, FL 33150

Address

5000 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33313

Address

7201 N UNIVERSITY DR
TAMARAC, FL 33321

Address

7481 W Oakland Park Blvd #100 Compass Health Systems
FT LAUDERDALE, FL 33319

Address

1601 N Palm Avenue #211 Compass Health Systems
PEMBROKE LAKES, FL 33026

Address

1065 NE 125th Street Suite 206
NORTH MIAMI, FL 33161

Address

21097 NE 27 Court, Suite 540
AVENTURA, FL 33180

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 |
|--------------------------|--------------------------------------|-----------------------|---------|----------------|
| CABRERA, MARIA MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 28396 | 12/21/2022 |
| CARDONNE, ESTEBAN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 151889 | 12/21/2022 |
| DE SOUZA MORAIS, MICHELE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 142733 | 12/19/2022 |
| GREENSTEIN, YAKOV | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 114006 | 01/10/2023 |
| MEJIA, FERNANDO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 130573 | 01/03/2023 |
| RIENAS, CHRISTOPHER ALAN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 143109 | 12/21/2022 |
| SOBHAN, TANVEER | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 98239 | 12/21/2022 |
| STEIN LIFSHITZ, DANIEL | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 132570 | 12/16/2022 |
| WATNICK, JERETT YALE | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 15560 | 12/21/2022 |

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