



## ALLISON MELANIE SAAVEDRA

## License Number: PA9114356

Data As Of 1/27/2026

Profession	Physician Assistant
License	PA9114356
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/29/2021
Address of Record	9971 West Flagler St SWEETWATER, FL 33174
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

12301 S Dixie Hwy  
PINECREST, FL 33156

## Address

1770 NE Miami Gardens Dr Unit 1  
NORTH MIAMI BEACH, FL 33179

## Address

12555 Biscayne Blvd C  
NORTH MIAMI, FL 33181

## Address

2310 Biscayne Blvd  
MIAMI, FL 33137

## Address

16735 NW 67th Ave Suite 102  
HIALEAH, FL 33015

## Address

150 NW 42nd Ave  
MIAMI, FL 33126

## Address

14085 SW 88th St  
KENDALL, 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**

188851 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
PENA, CARLOS DAVID	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	134493	08/27/2025
PENA, CARLOS DAVID	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134493	08/05/2025

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

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