Florida HEALTH Department of Health

PERFECTION PLASTIC SURGERY, INC.

License Number: OSR1709

Data As Of 11/9/2026

Profession	Office Surgery Registration
License	OSR1709
License Status	Revoked/
Qualifications	Surgery w moderate/conscious to deep sedation
License Expiration Date	1/1/0001
License Original Issue Date	09/19/2022
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
PERFECTION PLASTIC SURGERY INC	1709	OFFICE SURGERY	SUNNY ISLES	FL	202245608	SUSPENSION SATISFIED
PERFECTION PLASTIC SURGERY INC	1709	OFFICE SURGERY	SUNNY ISLES	FL	202339834	SUSPENSION SATISFIED
PERFECTION PLASTIC SURGERY INC	1709	OFFICE SURGERY	SUNNY ISLES	FL	202442533	REVOCATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PERFECTION PLASTIC SURGERY INC	1709	OFFICE SURGERY REGISTRATION	SUNNY ISLES	FL	202245608	AC FILED
PERFECTION PLASTIC SURGERY INC	1709	OFFICE SURGERY REGISTRATION	SUNNY ISLES	FL	202442533	AC FILED
PERFECTION PLASTIC SURGERY INC	1709	OFFICE SURGERY REGISTRATION	SUNNY ISLES	FL	202339834	AC FILED

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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