### PHILIP CARLIN WEIMER MD

## License Number: ME30910

Data As Of 11/27/2025

Profession Medical Doctor
License ME30910
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 08/02/1977

Address of Record 6200 SUNSET DRIVE

SUITE 302

SOUTH MIAMI, FL 33143

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

14661 S.W. 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES

MIAMI, FL 33175

### Address

11805 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST

MIAMI, FL 33156

## Address

8950 S.W. 152nd STREET SUITE 103 BAPTIST MEDICAL PLAZA AT PALMETTO BAY

MIAMI, FL 33157

#### Address

13001 N. KENDALL DRIVE SUITE 100 BAPTIST HEALTH URGENT CARE WEST KENDALL

MIAMI, FL 33186

#### Address

8840 BIRD ROAD SUITE 100 BAPTIST MEDICAL PLAZA AT WESTCHESTER

MIAMI, FL 33165

## Address

14660 S.W. 8TH STREET SUITE 100 BAPTIST MEDICAL PLAZA AT TAMIAMI

MIAMI, FL 33184

#### Address

13500 S.W. 152ND STREET SUITE 100 BAPTIST MEDICAL PLAZA AT COUNTRY WALK

MIAMI, FL 33177

#### Address

240 CRANDON BLVD., #110 BAPTIST HEALTH EXPRESS CARE

KEY BISCAYNE, FL 33149

#### Address

15721 SW 152ND STREET BAPTIST HEALTH EXPRESS CARE

MIAMI, FL 33187

## Address

20997 OLD CUTLER RD BAPTIST HEALTH UC/CUTLER BAY CUTLER BAY, FL 33189

# Discipline/Admin Action

# **Emergency Actions**

## **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
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
CORGHI, MARIA LAURA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116422	3/18/2025
MORATO, ENRIQUE A	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
MORATO, ENRIQUE A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
RODRIGUEZ, ANA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100681	11/8/2017
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	10/13/2016
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383	9/14/2022

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

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