



FERNANDO JIMENEZ

License Number: ME31545

Data As Of 6/20/2025

Profession	Medical Doctor
License	ME31545
License Status	Obligations/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/21/1977
Address of Record	4640 N Federal hwy SUITE-C FORT LAUDERDALE, FL 33066
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

60 Compass Island
FORT LAUDERDALE, FL 33308

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
JIMENEZ, FERNANDO	31545	MEDICAL DOCTOR	FORT LAUDERDALE	FL	38212	PENALTY APPEALED-UPHELD
JIMENEZ, FERNANDO	31545	MEDICAL DOCTOR	FORT LAUDERDALE	FL	200704535	OBLIGATION(S) SATISFIED
JIMENEZ, FERNANDO	31545	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201311958	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
JIMENEZ, FERNANDO	31545	MEDICAL DOCTOR	FORT LAUDERDALE	FL	200704535	AC FILED
JIMENEZ, FERNANDO	31545	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201311958	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.

Subordinate Practitioners

Name	Relationship	Profession	Effective License Date	
LUX LASER	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1544	7/25/2023
PAIN MANAGEMENT CARE CONSULTANTS PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2306	9/16/2009

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

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