



## AMANDA PEREZ

### License Number: ACN251

Data As Of 8/22/2025

Profession	Area of Critical Need Medical Doctor
License	ACN251
License Status	Vol Relinquish/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2020
License Original Issue Date	07/16/2007
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

4218 EAST 4TH AVENUE MEDPLAN CLINIC, LLC  
HIALEAH, FL 33013

#### Address

900 W. 49TH STREET STE.#308 MEDPLAN CLINIC, LLC  
HIALEAH, FL 33012

#### Address

900 W. 49TH STREET STE. #101 MEDCARE QUALITY MEDICAL CENTER, LLC  
HIALEAH, FL 33012

#### Address

1149 S.W. 27TH AVENUE MEDCARE QUALITY MEDICAL CENTERS, LLC  
MIAMI, FL 33135

#### Address

10982 S.W. 184TH STREET  
MIAMI, FL 33158

#### Address

7200 N.W. 7TH STREET STE.#202 MEDPLAN CLINIC, LLC  
MIAMI, FL 33126

#### Address

4767 N.W. 183RD STREET  
MIAMI GARDENS, FL 33055

#### Address

11825 S.W. 26TH STREET  
MIAMI, FL 33175

#### Address

7200 NW 7TH STREET , #150 MEDCARE QUALITY MEDICAL CENTER  
MIAMI, FL 33126

### 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.

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.