



## ENRIQUE MIGUEL VAZQUEZ

### License Number: ACN260

Data As Of 5/13/2026

Profession	Area of Critical Need Medical Doctor
License	ACN260
License Status	Vol Relinquish/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2020
License Original Issue Date	11/01/2007
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)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

7200 NW 7 ST. #150 MED-CARE QUALITY MEDICAL CENTER  
MIAMI, FL 33126

#### Address

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

#### Address

10982 S.W. 184TH STREET MEDCARE QUALITY MEDICAL CENTERS, LLC  
MIAMI, FL 33158

#### Address

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

#### Address

11825 S.W. 26TH STREET MEDCARE QUALITY MEDICAL CENTERS, LLC  
MIAMI, FL 33175

#### Address

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

#### Address

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

#### Address

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

#### Address

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

### 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.

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