DAVID RAYMOND NATEMAN

License Number: ME38769

Data As Of 11/27/2025

Profession Medical Doctor
License ME38769
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 08/28/1981

Address of Record 14150 SW 136TH STREET

BAPTIST HEALTH EC AT COUNTRY WALK

MIAMI, FL 33186

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

14591 SW 26TH STREET BAPTIST HEALTH EC AT CORAL WAY WEST

MIAMI, FL 33175

Address

8840 BIRD ROAD BAPTIST MEDICAL PLAZA/WESTCHESTER

MIAMI, FL 33165

Address

13001 N KENDALL DRIVE BAPTIST HEALTH UC/WEST KENDALL

MIAMI, FL 33186

Address

14660 SW 8TH STREET BAPTIST MEDICAL PLAZA/TAMIAMI

MIAMI, FL 33184

Address

13500 SW 152 STREET BAPTIST MEDICAL PLAZA/COUNRY WALK

MIAMI, FL 33177

Address

11805 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST

MIAMI, FL 33156

Address

14661 SW 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES

MIAMI, FL 33175

Address

8950 SW 152 Street Suite 103 BAPTIST MEDICAL PLAZA/PALMETTO BAY

MIAMI, FL 33176

Address

9520 NW 58th Street BAPTIST HEALTH HOSP AT DORAL

MIAMI, FL 33178

Address

8750 SW 144th Street BHEC at Palmetto Bay

MIAMI, FL 33176

Address

20997 Old Cutler Road Baptist Medical Plaza/Cutler Bay

CUTLER BAY, FL 33189

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.

Subordinate Practitioners

Name	Relationship	Profession	Effective License 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
MORATO, ENRIQUE A	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370 10/12/2017
MORATO, ENRIQUE A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370 10/12/2017
OCEAN REEF VOLUNTEER FIRE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	4404 8/1/2003
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 11/8/2016

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

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