



## MARLENE HERNANDEZ

### License Number: ACN386

Data As Of 6/28/2025

Profession	Area of Critical Need Medical Doctor
License	ACN386
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	05/02/2011
Address of Record	14000 NW 41st Street SOUTH FLORIDA RECEPTION CENTER-MAIN UNIT DORAL, FL 33178
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

19000 SW 377 STREET HOMESTEAD CORRECTIONAL INST.  
FLORIDA CITY, FL 33034

#### Address

1900 SW 377 STREET DADE CORRECTIONAL INST.  
FLORIDA CITY, FL 33034

#### Address

6901 STATE ROAD 62 HARDEE CORRECTIONAL INST.  
BOWLING GREEN, FL 33834

#### Address

13910 NW 41ST ST. SOUTH FL RECEPTION CENTER  
DORAL, FL 33178

#### Address

33123 OIL WELL ROAD CHARLOTTE CORRECTIONAL INSTITUTION  
PUNTA GORDA, FL 33955

#### Address

7031 SW 62ND AVENUE LARKIN COMMUNITY HOSPITAL  
SOUTH MIAMI, FL 33143

#### Address

13617 SW HIGHWAY 70 DESOTO CORRECTIONAL INST.  
ARCADIA, FL 34266

#### Address

3420 NE 168 STREET OKEECHOBEE CORRECTIONAL INST.  
OKEECHOBEE, FL 34972

#### Address

1150 SW ALLAPATTAH ROAD MARTIN CORRECTIONAL INST.  
INDIANTOWN, FL 34956

#### Address

1599 SW 187 AVENUE EVERGLADES CORRECTIONAL INST.  
MIAMI, FL 33194

### 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.

## Supervising Practitioners

Name	Relationship	Profession	Effective License Date
GOOD NEWS CARE CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/10/2020
LARKIN COMMUNITY HOSPITAL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/27/2020

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
RE MOLINA, LIGIA M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100838	6/23/2023

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

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