#### MICHELLE R MENDEZ DO

## License Number: OS7488

Data As Of 5/10/2025

Profession Osteopathic Physician

License OS7488
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026
License Original Issue Date 07/01/1997

Address of Record 1909 BEACH BLVD

SUITE 102

Yes

JACKSONVILLE, FL 32250

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

No secondary locations found.

## 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
LAGUENS, MICHELLE VORCE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112862 4/5/2021

Name	Relationship	Profession	License	Effective Date
LAGUENS, MICHELLE VORCE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112862	3/16/2023
MENDEZ FAMILY CARE, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2637	11/17/2009

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

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.