



YAElys DE LAS MERCEDES DENIS BERMUDEZ

License Number: APRN11006661

Data As Of 5/22/2025

Profession	Advanced Practice Registered Nurse
License	APRN11006661
License Status	CLEAR/Active
Qualifications	Nurse Practitioner Dispensing Practitioner
License Expiration Date	4/30/2027
License Original Issue Date	03/18/2020
Address of Record	1422 NW 7TH ST MIAMI, FL 33125
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1479 NW 27 Ave
MIAMI, FL 33125

[Address](#)

290 NE 8TH ST
HOMESTEAD, FL 33030

[Address](#)

9853 SW 40 STREET
MIAMI, FL 33165

[Address](#)

11701 SW 147th Ave
MIAMI, FL 33196

[Address](#)

8251 W BROWARD BLVD STE 200-210
PLANTATION, FL 33324

[Address](#)

2750 w 68th st STE 127-128
HIALEAH, FL 33016

[Address](#)

149 W 21ST STREET
HIALEAH, FL 33010

[Address](#)

450 sw 136th ave
PEMBROKE PINES, FL 33027

[Address](#)

6674 NW 57TH ST
LAUDERHILL, FL 33319

[Address](#)

2740 Hollywood BLVD
HOLLYWOOD, FL 33020

[Address](#)

4578 W 12TH AVE
HIALEAH, FL 33012

[Address](#)

11510 Quail Roost Drive

MIAMI, FL 33157

[Address](#)

1500 S HIATUS RD

PEMBROKE PINES, FL 33025

[Address](#)

2601 S MILITARY TRL STE 1

WEST PALM BEACH, FL 33415

[Address](#)

5740 NW 183RD ST

HIALEAH, FL 33012

[Address](#)

3320 W 84TH ST

HIALEAH, FL 33018

[Address](#)

1600 NE MIAMI GARDENS

MIAMI, FL 33179

[Address](#)

8611 SW 40TH ST

MIAMI, FL 33155

[Address](#)

9798 SW 24TH ST

MIAMI, FL 33165

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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