



## STEPHANIE ANDREA STOVER

## License Number: ME82217

Data As Of 1/9/2026

Profession	Medical Doctor
License	ME82217
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/12/2001
Address of Record	White Coat Beauty 1440 NW N River Dr. , Suite 198, MIAMI F MIAMI, FL 33125
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

## Address

Daso Plastic Surgery 7902 NW 36th st Suite 201-202  
MIAMI, FL 33166

## Address

5733 NW 7th st  
MIAMI, FL 33126

## Address

1019 N FEDERAL HIGHWAY 1776 SW 11 Ter  
FT LAUDERDALE, FL 33304

## Address

8725 NW 18Th Terrace, ste 308  
MIAMI, FL 33172

## Discipline/Admin Action

## Emergency Actions

No Emergency Actions Found

## Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
STOVER, STEPHANIE ANDREA	82217	MEDICAL DOCTOR	MIAMI	FL	202030488	PROBATION SATISFIED
STOVER, STEPHANIE ANDREA	82217	MEDICAL DOCTOR	MIAMI	FL	202030488	PROBATION SATISFIED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
STOVER, STEPHANIE ANDREA	82217	MEDICAL DOCTOR	MIAMI	FL	202030488	AC FILED

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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