



INEMESIT NYONG ABIA

License Number: ME84077

Data As Of 4/8/2025

Profession	Medical Doctor
License	ME84077
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	01/09/2002
Address of Record	1203 Governor's Square Blvd Suite 200 TALLAHASSEE, FL 33323
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

14701 NW 77 AVENUE BAPTIST MEDICAL PLAZA AT MIAMI LAKES
MIAMI LAKES, FL 33014

[Address](#)

6264 W. SAMPLE RD SUITE 100 BAPTIST MEDICAL PLAZA AT CORAL SPRINGS
CORAL SPRINGS, FL 33067

[Address](#)

4741 S UNIVERSITY DR BAPTIST MEDICAL PLAZA AT DAVIE
DAVIE, FL 33328

[Address](#)

15885 PINES BLVD BAPTIST MED PLAZA AT PEMBROKE PINES
PEMBROKE PINES, FL 33027

[Address](#)

10 GIRALDA AVENUE BAPTIST MEDICAL PLAZA AT CORAL GABLES
CORAL GABLES, FL 33134

[Address](#)

1240 S DIXIE HWY BAPTIST MEDICAL PLAZA AT UNIVERSITY
CORAL GABLES, FL 33146

[Address](#)

12472 W. SUNRISE BLVD. BAPTIST HEALTH URGENT CARE-SUNRISE
SUNRISE, FL 33323

[Address](#)

1642 TOWN CENTER CIRCLE BAPTIST HEALTH URGENT CARE-WESTON
WESTON, FL 33326

[Address](#)

2660 BRICKELL AVENUE BAPTIST MEDICAL PLAZA AT BRICKELL
MIAMI, FL 33129

[Address](#)

5975 Sunset Dr #402
SOUTH MIAMI, FL 33143

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	License	Effective Date
BOGDANOVA, ANNA L	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105154	6/29/2016
BOGDANOVA, ANNA L	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105154	7/19/2016
GOMEZ YATES, JESSICA GABRIELLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106649	6/27/2016
GOMEZ YATES, JESSICA GABRIELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106649	7/8/2016
GUERRERO, JORGE ALBERT	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104178	6/28/2016
GUERRERO, JORGE ALBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104178	6/28/2016
STEWART, MARKIRA OLGA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107494	6/23/2016
STEWART, MARKIRA OLGA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107494	7/14/2016
SUKHWANI, ARTI V	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100958	6/27/2016
SUKHWANI, ARTI V	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100958	7/28/2016
ZAPATA, DARIO HERMAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082	6/23/2016
ZAPATA, DARIO HERMAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082	7/6/2016

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