



## ABDUL SAMAD MEMON

License Number: PA9105666

Data As Of 8/25/2025

Profession	Physician Assistant
License	PA9105666
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/21/2010
Address of Record	14150 SW 136 Street BHEC at Country Walk MIAMI, FL 33196
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

11805 S DIXIE HIGHWAY BHUC at Pinecrest  
MIAMI, FL 33156

### Address

8840 BIRD RD BMP at Westchester  
MIAMI, FL 33165

### Address

14660 SW 8TH ST BMP at Tamiami  
MIAMI, FL 33184

### Address

8750 SW 144TH ST BMP at Palmetto Bay  
MIAMI, FL 33176

### Address

13500 SW 152ND ST BMP AT Country Walk  
MIAMI, FL 33177

### Address

14591 SW 26th Street BHEC at Coral Way West  
MIAMI, FL 33175

### Address

9520 NW 58th Street BHEC at Doral  
MIAMI, FL 33178

### Address

13001 N KENDALL DRIVE BHUC at West Kendall  
MIAMI, FL 33186

### Address

14661 SW 56TH ST BHUC at Kendale Lakes  
MIAMI, FL 33175

## 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	License	Effective Date
AVILA ZAMORA, OCTAVIO	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	123042	04/01/2016
AVILA ZAMORA, OCTAVIO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	123042	05/10/2016
MORONO-PONCE, IDAYLIS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	102072	04/01/2016
MORONO-PONCE, IDAYLIS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102072	05/10/2016
PONCE DE LEON, MERCEDES	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	122121	04/01/2016
PONCE DE LEON, MERCEDES	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	122121	05/10/2016

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

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