JARY PANDO DR

License Number: ME94774

| Data As Of 8/28/2025 | | | |
|------------------------------------|-------------------------|--|--|
| Profession | Medical Doctor | | |
| License | ME94774 | | |
| License Status | Clear/Active | | |
| Qualifications | Dispensing Practitioner | | |
| License Expiration Date | 1/31/2026 | | |
| License Original Issue Date | 11/15/2005 | | |
| Address of Record | 14660 S.W. 8TH ST | | |
| | SUITE 100 | | |
| | MIAMI, FL 33184 | | |
| Controlled Substance Prescriber | Yes | | |
| (for the Treatment of Chronic Non- | | | |
| malignant Pain) | | | |
| Discipline on File | No | | |
| Public Complaint | No | | |

Secondary Locations

Address 13001 N KENDALL DRIVE MIAMI, FL 33186 Address 8750 S.W. 144 STREET MIAMI, FL 33176 Address 8840 BIRD ROAD MIAMI, FL 33165 Address 13500 S.W. 152 STREET MIAMI, FL 33177 Address 14661 S.W. 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES MIAMI, FL 33175 Address 11805 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST MIAMI, FL 33156

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:

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 |
|----------------------------|---------------------------------|---------------------|------------------------|
| ALVAREZ-JACINTO, MANUEL | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109866 12/8/2016 |
| ALVAREZ-JACINTO, MANUEL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109866 12/8/2016 |
| MORATO, ENRIQUE A | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107370 10/12/2017 |
| MORATO, ENRIQUE A | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107370 10/12/2017 |
| PIDUGU, DONALD VINAY KUMAR | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108947 2/5/2018 |
| RODRIGUEZ, ANA MARIA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100681 11/8/2017 |
| SOUCY, BRIGITTE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107377 11/8/2016 |
| SOUCY, BRIGITTE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107377 10/13/2016 |

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

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