



JENNIFER LORRAINE TORRES

License Number: PA9106759

Data As Of 11/22/2024

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|--|---|
| Profession | Physician Assistant |
| License | PA9106759 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 08/29/2012 |
| Address of Record | 11805 S. DIXIE HIGHWAY MIAMI, FL 33156 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

[Address](#)

13055 SW 42 Street Suite 108
MIAMI, FL 33175

[Address](#)

240 Crandonn Boulevard, Suite: 110
KEY BISCAYNE, FL 33149

[Address](#)

8840 BIRD ROAD
MIAMI, FL 33165

[Address](#)

13500 SW 152ND ST.
MIAMI, FL 33177

[Address](#)

14661 SW 56TH ST. KENDALE LAKES
MIAMI, FL 33175

[Address](#)

14660 SW 8TH ST.
MIAMI, FL 33184

[Address](#)

8750 SW 144TH ST. .
MIAMI, FL 33176

[Address](#)

13001 N. KENDALL DRIVE
MIAMI, FL 33186

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 | 04/11/2016 |
| AVILA ZAMORA, OCTAVIO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 123042 | 04/11/2016 |
| DE URRESTI, MIREN ALAI | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 72002 | 06/15/2023 |
| PEREZ, JOSE RAMON | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 125214 | 11/07/2016 |
| PEREZ, JOSE RAMON | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 125214 | 10/12/2016 |
| PONCE DE LEON, MERCEDES | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 122121 | 04/11/2016 |
| PONCE DE LEON, MERCEDES | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 122121 | 04/11/2016 |

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