# DANIEL PATRICK VILLANUEVA

# License Number: RN2729672

Data As Of 5/9/2025			
Profession	Registered Nurse		
License	RN2729672		
License Status	CLEAR/Active		
Qualifications	Single-state License		
License Expiration Date	7/31/2026		
License Original Issue Date	07/07/1993		
Address of Record	5975 SUNSET DRIVE		
	SUITE 402		
	SOUTH MIAMI, FL 33143		
Discipline on File	No		
Public Complaint	No		

# Secondary Locations

#### Address

12472 W SUNRISE BLVD SUNRISE, FL 33323

Address

1642 TOWN CENTER CIR WESTON, FL 33326

### Address

2660 BRICKELL AVE MIAMI, FL 33129

#### Address

4741 S. UNIVERSITY DR. DAVIE, FL 33328

### Address

1240 S. DIXIE HWY CORAL GABLES, FL 33146

#### Address

15885 PINES BLVD. PEMBROKE PINES, FL 33027

Address

10 GIVALDA AVE CORAL GABLES, FL 33134

### Address

6264 W. SAMPLE RD. SUITE 100 CORAL SPRINGS, FL 33067

### Address

14701 NW 77 AVE MIAMI, FL 33014 Address 9915 NW 41 ST. MIAMI, FL 33176

# Discipline/Admin Action

Please also check the Discipline/Admin action of the other license by clicking on the "Other License" tab.

## **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.

## Other License

Name	Relationship	Profession	License	Effective Date
	APRN CONVERSION	ADVANCED PRACTICE REGISTERED NURSE	2729672	10/19/2018

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

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