



## DANIEL PATRICK VILLANUEVA

License Number: APRN2729672

Data As Of 5/23/2026

Profession	Advanced Practice Registered Nurse
License	APRN2729672
License Status	Clear/Active
Qualifications	Dispensing Practitioner Family Nurse Practitioner Nurse Practitioner
License Expiration Date	7/31/2028
License Original Issue Date	05/14/2002
Address of Record	5975 SUNSET DRIVE SUITE 402 SOUTH MIAMI, FL 33143
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

9915 NW 41 ST.  
MIAMI, FL 33176

[Address](#)

14701 NW 77 AVE  
MIAMI, FL 33014

[Address](#)

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

[Address](#)

10 GIVALDA AVE  
CORAL GABLES, FL 33134

[Address](#)

15885 PINES BLVD.  
PEMBROKE PINES, FL 33027

[Address](#)

1240 S. DIXIE HWY  
CORAL GABLES, FL 33146

[Address](#)

4741 S. UNIVERSITY DR.  
DAVIE, FL 33328

[Address](#)

2660 BRICKELL AVE  
MIAMI, FL 33129

[Address](#)

1642 TOWN CENTER CIR  
WESTON, FL 33326

[Address](#)

12472 W SUNRISE BLVD  
SUNRISE, FL 33323

### 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	REGISTERED NURSE	2729672	10/19/2018

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

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