DANIEL PATRICK VILLANUEVA

License Number: APRN2729672

Data As Of 5/9/2025

Profession Advanced Practice Registered Nurse

License APRN2729672
License Status CLEAR/Active

Qualifications Dispensing Practitioner
Family Nurse Practitioner

Nurse Practitioner

License Expiration Date 7/31/2026
License Original Issue Date 05/14/2002

Address of Record 5975 SUNSET DRIVE

SUITE 402

No

SOUTH MIAMI, FL 33143

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

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	REGISTERED NURSE	2729672	10/19/2018

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

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