



ELIZABETH ANN CEDENO

License Number: APRN9223043

Data As Of 1/31/2026

Profession	Advanced Practice Registered Nurse
License	APRN9223043
License Status	Clear/Active
Qualifications	Nurse Practitioner Dispensing Practitioner
License Expiration Date	7/31/2026
License Original Issue Date	01/03/2018
Address of Record	5975 Sunset Drive Suite 402 Miami 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

2660 Brickell Avenue
BRICKELL , FL 33129

Address

10 Giralda Avenue
CORAL GABLES, FL 33134

Address

9915 NW 41 Street
DORAL, FL 33178

Address

14701 NW 77 Avenue
MIAMI LAKES, FL 33014

Address

709 Alton Road
MIAMI BEACH, FL 33139

Address

1240 South Dixie Highway
CORAL GABLES, FL 33146

Address

1642 Town Center Circle
WESTON, FL 33326

Address

12472 West Sunrise Boulevard
SUNRISE, FL 33323

Address

15885 Pines Boulevard
PEMBROKE PINES, FL 33027

Address

4741 South University Drive
DAVIE, FL 33328

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	9223043	10/19/2018

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

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