



## YENNY M CEBALLOS

### License Number: RN9264957

Data As Of 8/18/2025

Profession	Registered Nurse
License	RN9264957
License Status	Null And Void/
Qualifications	Single-state License
License Expiration Date	4/30/2021
License Original Issue Date	07/11/2007
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

14701 NW 77TH AVE  
MIAMI LAKES, FL 33014

#### Address

12472 W. SUNRISE BLVD  
PEMBROKE PINES, FL 33027

#### Address

1240 S. DIXIE HIGHWAY  
CORAL GABLES, FL 33146

#### Address

4741 S. UNIVERSITY DR  
DAVIE, FL 33328

#### Address

9915 NW 41ST STREET  
MIAMI, FL 33178

#### Address

1642 TOWN CENTER CIRCLE  
MIAMI, FL 33146

#### Address

10 GIRALDA AVE  
CORAL GABLES, FL 33134

#### Address

15885 PINES BLVD  
PEMBROKE PINES, FL 33027

#### Address

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

#### Address

2575 SW 67 Ave  
MIAMI, FL 33155

### 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	9264957	10/19/2018

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

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