



## MARIA ANDREINA VEGAS

### License Number: ME102723

Data As Of 7/29/2025

Profession	Medical Doctor
License	ME102723
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	09/02/2008
Address of Record	2501 SW 8 Street MIAMI, FL 33135
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

8840 Bird Road #100  
MIAMI, FL 33165

#### Address

1240 South Dixie Highway  
CORAL GABLES, FL 33146

#### Address

709 Alton RD.  
MIAMI BEACH, FL 33139

#### Address

14701 NW 77th Ave.  
MIAMI LAKES, FL 33014

#### Address

9915 NW 41st St.  
DORAL, FL 33178

#### Address

4741 South University Dr.  
DAVIE, FL 33328

#### Address

15885 Pines Blvd.  
PEMBROKE PINES, FL 33027

#### Address

12472 West Sunrise Boulevard  
SUNRISE, FL 33323

#### Address

1642 Town Center Circle  
WESTON, FL 33326

#### Address

10 Giralda Ave.  
CORAL GABLES, FL 33134

#### Address

2660 Brickell Ave.  
MIAMI, FL 33129

#### Address

13001 N. KENDALL DRIVE  
MIAMI, FL 33186

[Address](#)

11805 S. DIXIE HIGHWAY  
MIAMI, FL 33156

[Address](#)

14660 S.W 8TH STREET  
MIAMI, FL 33184

[Address](#)

8750 S.W 144TH STREET  
MIAMI, FL 33176

[Address](#)

14661 S.W 56TH STREET  
MIAMI, FL 33175

[Address](#)

13500 S.W 152ND STREET  
MIAMI, FL 33177

**Discipline/Admin Action**

**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.

**Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/14/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/19/2016
PERERA, ALEXIS MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	97052	4/28/2016
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016

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

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