## **ENRIQUE JOAQUIN AYMERICH**

## License Number: ME102602

Data As Of 11/21/2025

Profession Medical Doctor
License ME102602
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 08/15/2008

Address of Record 6264 W Sample Road

Suite 100

CORAL SPRINGS, FL 33067

Controlled Substance Prescriber N

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

14660 SW 8TH STREET BAPTIST MEDICAL PLAZA AT TAMIAMI MIAMI, FL 33184

#### Address

11805 S. DIXIE HIGHWAY BAPTIST HEALTH URGENT CARE AT PINECREST

MIAMI, FL 33156

## Address

8750 SW 144TH STREET BAPTIST MEDICAL PLAZA AT PALMETTO BAY MIAMI, FL 33175

#### Address

14661 SW 56TH STREET BAPTIST HEALTH URGENT CARE

MIAMI, FL 33175

#### Address

13500 SW 152 STREET BAPTIST MEDICAL PLAZA AT COUNTRY WALK

MIAMI, FL 33177

## Address

8840 BIRD ROAD BAPTIST MEDICAL PLAZA AT WESTCHESTER

MIAMI, FL 33165

#### Address

13001 N. KENDALL DRIVE BAPTIST HEALTH URGENT CARE AT W. KENDALL

MIAMI, FL 33186

## 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 12/8/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866 12/8/2016
PIDUGU, DONALD VINAY KUMAR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108947 2/5/2018
RODRIGUEZ, ANA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100681 11/8/2017
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377 11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377 10/13/2016
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383 9/14/2022

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

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