

**YURI SANCHEZ****License Number: ME102868***Data As Of 1/11/2026*

Profession	Medical Doctor
License	ME102868
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	09/23/2008
Address of Record	14660 SW 8 Street Suite 100 MIAMI, FL 33184
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

**Address**

14661 S.W. 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES  
MIAMI, FL 33175

**Address**

1185 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST  
MIAMI, FL 33156

**Address**

13500 SW 152 STREET  
MIAMI, FL 33177

**Address**

14660 SW 8TH STREET  
MIAMI, FL 33184

**Address**

8750 SW 144TH STREET  
MIAMI, FL 33176

**Address**

8840 BIRD ROAD  
MIAMI, FL 33165

**Address**

8400 NW 53 ST  
MIAMI, FL 33166

**Address**

1228 S PINE ISLAND RD  
PLANTATION, FL 33324

**Address**

1642 TOWN CENTER CIR  
WESTON, FL 33326

**Address**

12472 W SUNRISE SAWGRASS BLVD  
SUNRISE, FL 33323

**Address**

15885 PINES BLVD  
PEMBROKE PINES, FL 33027

**Address**

4741 S UNIVERSITY DR

DAVIE, FL 33328

**Address**

9915 NW 41ST ST

MIAMI, FL 33178

**Address**

14701 NW 77TH AVE

MIAMI LAKES, FL 33014

**Address**

709 ALTON RD

MIAMI BEACH, FL 33139

**Address**

1240 SOUTH DIXIE HWY

CORAL GABLES, FL 33146

**Address**

2660 BRICKELL AVE

BRICKELL, FL 33231

**Address**

10 GIRALDA AVE

CORAL GABLES, FL 33134

## 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
PERERA, ALEXIS MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	97052	4/28/2016

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

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