



YURI SANCHEZ

License Number: ME102868

Data As Of 4/21/2026

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| 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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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