



## MONICA BRADOR

### License Number: PA9107656

Data As Of 6/15/2025

Profession	Physician Assistant
License	PA9107656
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	10/31/2013
Address of Record	8940 N KENDALL DRIVE SUITE 504-E MIAMI, FL 33176
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

8940 N. KENDALL DRIVE BAPTIST MEDICAL ARTS BLDG SUITE 504E  
MIAMI, FL 33176

#### Address

9915 N.W. 41ST ST. SUITE 220 DORAL BAPTIST PLAZA SOUTH FLORIDA ENT ASSOCIATES  
DORAL, FL 33178

#### Address

6705 RED ROAD SUITE #704 SOUTH FLORIDA ENT ASSOCIATES SAN REMO BLDG.  
CORAL GABLES, FL 33146

#### Address

925 N.E. 30TH TERRACE SUITE 214 PORTOFINO PROFESSIONAL CENTER  
HOMESTEAD, FL 33030

#### Address

15955 SW 96TH ST. SOUTH FLORIDA ENT ASSOCIATES WEST KENDALL BAPTIST  
MIAMI, FL 33196

#### Address

4302 ALTON RD. #115  
MIAMI BEACH, FL 33140

#### Address

13101 SOUTH DIXIE HWY STE 310 BAPTIST PINCREST MEDICAL ARTS BUILDING  
MIAMI, FL 33156

### 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.

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