



SANDER FERNANDEZ

License Number: ME128120

Data As Of 8/22/2025

Profession	Medical Doctor
License	ME128120
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	05/02/2016
Address of Record	QC Kinetix Pembroke Pines 1806 N Flamingo Rd Suite 440 PEMBROKE PINES, FL 33028
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

QC Kinetix Palmetto Bay 9380 SW 150 St Suite 210
MIAMI, FL 33176

Address

QC Kinetix Boca Raton 9970 Central Park Blvd Suite 201
BOCA RATON, FL 33428

Address

QC Kinetix Boynton Beach 1301 N Congress Ave Suite 420
BOYNTON BEACH, FL 33426

Address

QC Kinetix West Palm Beach 1411 N Flagler Dr Suite 8700
WEST PALM BCH, FL 33401

Address

New Access Medical Center 11981 SW 144TH Ct Suite 201
MIAMI, FL 33186

Address

Infinite Clinical Research 3661 S Miami Ave Suite 801
MIAMI, FL 33133

Address

The Med Club 139 NW 136th Ave
SUNRISE, FL 33325

Address

QC Kinetix Doral 730 NW 107TH Ave Suite 210
SWEETWATER, FL 33172

Address

QC Kinetix Coral Gables 3850 Bird Road Suite 701
CORAL GABLES, FL 33146

Address

QC Kinetix Aventura 1380 NE Miami Gardens Dr, Suite 225
MIAMI, FL 33179

Address

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
FERNANDEZ, SANDER	128120	MEDICAL DOCTOR	PEMBROKE PINES	FL	201711209	SUSPENSION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
FERNANDEZ, SANDER	128120	MEDICAL DOCTOR	PEMBROKE PINES	FL	201711209	AC FILED

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
ANGRINO, TATIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113586	12/8/2023

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

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