



## PEDRO JOSE SANCHEZ-HERRERA

License Number: ME134103

Data As Of 4/5/2025

Profession	Medical Doctor
License	ME134103
License Status	CLEAR/Active
License Expiration Date	1/31/2026
License Original Issue Date	10/02/2017
Address of Record	628 cagan view rd CLERMONT, FL 34714
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

410 E altamonte dr #1020  
ALTAMONTE SPRINGS, FL 32714

[Address](#)

5102 W SR 46  
SANFORD, FL 32771

[Address](#)

901 Currency Cir unit 1001  
LAKE MARY, FL 32746

[Address](#)

8972 turkey lake rd  
ORLANDO, FL 32819

[Address](#)

805 Co RD 466  
LADY LAKE, FL 32159

[Address](#)

1328 N woodland blvd  
DELAND, FL 32720

[Address](#)

92 E mitchell hammock rd #1006  
OVIDO, FL 32765

[Address](#)

7460 university blvd suite 110  
WINTER PARK, FL 32792

[Address](#)

13935 landstar blvd #150  
ORLANDO, FL 32824

[Address](#)

2438 S kirkman rd  
ORLANDO, FL 32811

[Address](#)

5845 winter garden vineland rd  
WINDERMERE, FL 34786

[Address](#)

4670 marigold ave

## 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
KOONTZ, KAILEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113974	12/14/2023
SPEARMAN, LEAH MICHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113459	12/15/2023
THOMAS, KELSIE LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112153	12/15/2023
WISIDAGAMA, DON ANTON DAYANTHA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113883	10/18/2023

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

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