

MANUELA MAGALY AGUILAR

License Number: PA9110953

Data As Of 11/21/2025

Profession Physician Assistant

License PA9110953
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 12/12/2017

Address of Record 1250 South Miami Ave

MIAMI, FL 33130

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

4001 SW 72nd Ave MIAMI, FL 33155

Address

2750 Coral Way

CORAL GABLES, FL 33145

Address

18851 South Dixie Hwy CUTLER BAY, FL 33157

Address

6605 South Dixie Hwy

MIAMI, FL 33143

Address

385 W 48th St

HIALEAH, FL 33012

Address

792 S. Homestead Blvd HOMESTEAD, FL 33030

Address

14085 SW 88th St MIAMI, FL 33186

Address

150 NW 42nd Ave MIAMI, FL 33126

Address

16735 NW 67th Ave Ste 102

HIALEAH, FL 33015

Address

2310 Biscayne Blvd

MIAMI, FL 33137

Address

12555 Biscayne Blvd, C NORTH MIAMI, FL 33181

Address

1770 NE Miami Gardens Dr Unit 1 NORTH MIAMI BEACH. FL 33179

Address

12301 S Dixie Hwy PINECREST, FL 33156

Address

9971 W Flagler St B-240

MIAMI, FL 33174

Address

3194 S university Dr MIRAMAR, FL 33025

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ESTREICHER, MICHAEL BENJAMIN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	115512	02/10/2025
FITCH, JEFFREY LUCAS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	87355	03/25/2024
GARCEN, DAWN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	109366	09/18/2025
GARCEN, DAWN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	109366	05/27/2025

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

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