



## ANDRES ANTONIO MONTENEGRO

### License Number: PA9111085

Data As Of 8/9/2025

Profession	Physician Assistant
License	PA9111085
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	01/30/2018
Address of Record	1150 Campo Sano Avenue 1st floor CORAL GABLES, FL 33146
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1150 Campo Sano Avenue Miami Orthopedics & Sports Medicine Institute  
MIAMI, FL 33146

#### Address

8900 N. Kendall Drive Baptist Hospital of Miami  
MIAMI, FL 33176

#### Address

6200 SW 73rd Street South Miami Baptist Hospital  
MIAMI, FL 33143

#### Address

6200 SUNSET DRIVE SUITE 200 Medical Art Sug. Center at South Miami  
MIAMI, FL 33143

#### Address

5000 University Drive Doctors Hospital  
MIAMI, FL 33146

#### Address

1150 Campo Sano Avenue Miami Orthopedics & Sports Medicine Institute Surgery Center/Fourth Floor  
CORAL GABLES, FL 33146

#### Address

1150 Campo Sano Avenue Miami Orthopedics & Sports Medicine Instit  
CORAL GABLES, FL 33146

#### Address

15955 SW 96th Street Suite 401 Miami Orthopedics & Sports Medicine Inst  
MIAMI, FL 33196

#### Address

15955 SW 96th Street West Kendall Baptist Hospital  
MIAMI, FL 33196

### 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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