



VEYSY BORGES LEON

License Number: ME143012

Data As Of 4/18/2025

Profession	Medical Doctor
License	ME143012
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/29/2019
Address of Record	8905 SW 169th CT Suite 105 KENDALL, FL 33196
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

13001 N Kendall Drive Baptist Health Urgent Care West Kendall
MIAMI, FL 33186

[Address](#)

8840 Bird Road, Suite 100 Baptist Health Urgent Care Westchester
MIAMI, FL 33165

[Address](#)

14660 SW 8th St, Suite 100 Baptist Health Urgent Care Tamiami
MIAMI, FL 33184

[Address](#)

8750 SW 144th St, Suite 100 Baptist Health Urgent Care Palmetto Bay
MIAMI, FL 33176

[Address](#)

14661 SW 56th St Baptist Health Urgent Care Kendale Lakes
MIAMI, FL 33175

[Address](#)

11805 S. Dixie Highway Baptist Health Urgent Care Pinecrest
MIAMI, FL 33156

[Address](#)

13500 SW 152nd St Baptist Health Urgent Care Country Walk
MIAMI, FL 33177

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
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383	9/14/2022

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

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