OLGA LUCIA PEREZ

License Number: PA9111875

| Data As Of 8/12/2025 | | | |
|------------------------------------|---------------------|--|--|
| Profession | Physician Assistant | | |
| License | PA9111875 | | |
| License Status | Clear/Active | | |
| Qualifications | Prescribing | | |
| License Expiration Date | 1/31/2026 | | |
| License Original Issue Date | 12/19/2018 | | |
| Address of Record | 101 SW 27th Ave | | |
| | MIAMI, FL 33135 | | |
| Controlled Substance Prescriber | No | | |
| (for the Treatment of Chronic Non- | | | |
| malignant Pain) | | | |
| Discipline on File | No | | |
| Public Complaint | No | | |

Secondary Locations

Address

11501 SW 40th Street MIAMI, FL 33165 Address 8888 SW 24th Street MIAMI, FL 33165 Address 2020 W 64th Street HIALEAH, FL 33016 Address 2475 SW 101 SW 27th Avenue MIAMI, FL 33135 Address 12515 SW 88th Street KENDALL, FL 33186 Address 7950 NW 2nd Street MIAMI, FL 33126 Address 590 East 25th Street HIALEAH, FL 33013

Address

445 East 25th Street HIALEAH, FL 33013

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 | Effective License Date |
|----------------------------|-------------------------|------------|---------------------------|
| CANIZARES RENSOLI, ORESTES | SUPERVISING PRESCRIBING | MEDICAL | 120458 06/05/2024 |
| ENRIQUE | PRACTITIONER | DOCTOR | |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.