



REBECCA MARIE VALDES

License Number: PA9112583

Data As Of 10/7/2025

Profession	Physician Assistant
License	PA9112583
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/24/2019
Address of Record	792 S Homestead Blvd HOMESTEAD, FL 33030
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

4001 SW 72nd Ave
MIAMI, FL 33155

[Address](#)

1250 South Miami Ave
MIAMI, FL 33130

[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 49th 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
HIALEAH, FL 33015

[Address](#)

2310 Biscayne Blvd
MIAMI, FL 33127

Address

12555 Biscayne Blvd, C
NORTH MIAMI, FL 33181

Address

1770 NE Miami Gardens Dr
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
MONES, HARRIS HAL D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4172	09/04/2020

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

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