



ADDYS DEL CARMEN REVE URGELLES

License Number: ME163785

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME163785
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/13/2023
Address of Record	9955 Tamiami Trl N Suite 2 NAPLES, FL 34108
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1475 W 49th Place
HIALEAH, FL 33012

[Address](#)

5352 Linton Boulevard
DELRAY BEACH, FL 33484

[Address](#)

4970 Atlantic Boulevard
MARGATE, FL 33063

[Address](#)

2001 W 68th Street
HIALEAH, FL 33016

[Address](#)

4308 Alton Road
MIAMI BEACH, FL 33140

[Address](#)

1100 NW 95th Street
MIAMI, FL 33150

[Address](#)

4109 N FEDERAL HWY
FORT LAUDERDALE, FL 33308

[Address](#)

11645 Biscayne Boulevard
MIAMI, FL 33181

[Address](#)

3601 NE 4TH COURT
MIAMI, FL 33137

[Address](#)

3100 SW 62th Avenue
MIAMI, FL 33155

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
DIAZ, LAURA E	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112148	8/28/2025
DIAZ, LAURA E	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112148	6/29/2025
LACHCIK, CLARK ROBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108265	12/5/2024
MIGUELEZ, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100292	8/28/2025
MIGUELEZ, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100292	6/29/2025
PORTINER, TREVOR D	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114484	8/28/2025
PORTINER, TREVOR D	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114484	12/2/2024
SULLIVAN, ARTHURLYN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117962	8/28/2025
SULLIVAN, ARTHURLYN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117962	12/2/2024

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

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