



## PHILIP CARLIN WEIMER MD

### License Number: ME30910

Data As Of 12/23/2024

Profession	Medical Doctor
License	ME30910
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	08/02/1977
Address of Record	6200 SUNSET DRIVE SUITE 302 SOUTH MIAMI, FL 33143
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

15721 SW 152ND STREET BAPTIST HEALTH EXPRESS CARE  
MIAMI, FL 33187

#### Address

240 CRANDON BLVD., #110  
KEY BISCAWAYNE, FL 33149

#### Address

13500 S.W. 152ND STREET SUITE 100 BAPTIST MEDICAL PLAZA AT COUNTRY WALK  
MIAMI, FL 33177

#### Address

14660 S.W. 8TH STREET SUITE 100 BAPTIST MEDICAL PLAZA AT TAMiami  
MIAMI, FL 33184

#### Address

8840 BIRD ROAD SUITE 100 BAPTIST MEDICAL PLAZA AT WESTCHESTER  
MIAMI, FL 33165

#### Address

13001 N. KENDALL DRIVE SUITE 100 BAPTIST HEALTH URGENT CARE WEST KENDALL  
MIAMI, FL 33186

#### Address

8950 S.W. 152nd STREET SUITE 103 BAPTIST MEDICAL PLAZA AT PALMETTO BAY  
MIAMI, FL 33157

#### Address

11805 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST  
MIAMI, FL 33156

#### Address

14661 S.W. 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES  
MIAMI, FL 33175

### 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
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
MORATO, ENRIQUE A	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
MORATO, ENRIQUE A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
RODRIGUEZ, ANA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100681	11/8/2017
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	10/13/2016
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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