



GEORGE LUIS HERRERA

License Number: ME50737

Data As Of 9/14/2025

Profession	Medical Doctor
License	ME50737
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/30/1987
Address of Record	9831 NW 58 Street unit 149 DORAL, FL 33178
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2682 NW 97 Ave
DORAL, FL 33172

Address

13238 SW 8 street
MIAMI, FL 33184

Address

20801 Biscayne Blvd Suite 100
AVENTURA, FL 33180

Address

2731 Executive Park Dr suite 4
WESTON, FL 33331

Address

8180 NW 36 St suite 215
DORAL, FL 33166

Address

1600 Ponce De Leon Blvd Suite F
CORAL GABLES, FL 33134

Address

823 East Oakland Park Blvd
OAKLAND PARK, FL 33334

Address

18140 Collins Ave
SUNNY ISLES, FL 33160

Address

10261 S. W. 72 St Suite C 105
MIAMI, FL 33173

Address

2402 Weston Rd
WESTON, FL 33326

Address

1470 NW 107 Ave Suite C2
MIAMI, FL 33172

Address

17110 Royal Palm Blvd Suite 2-3
WESTON, FL 33326

Address

2 Aragon Ave Suite # 30
CORAL GABLES, FL 33134

Address

7600 W. Camino Real suite 103
BOCA RATON, FL 33433

Address

7812 N W 46 Street
MIAMI, FL 33186

Address

1583 N. Federal Hwy Ft Lauderdale
FORT LAUDERDALE, FL 33304

Address

3595 W 20th street Suite 120
HIALEAH, FL 33012

Address

3408 W 84 St, suite 112
HIALEAH, FL 33018

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
ALI'S STUDIO LLC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1483	1/24/2023
FABBAR MD	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1290	3/15/2021
GEOR SPA	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1578	10/13/2023
KATHY LASHES STUDIO	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1606	12/11/2023
MG BEAUTY & SPA INC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1349	12/6/2021
ONE TOUCH AESTHETICS LLC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1552	8/15/2023
SALAZAR, MARIRENE MARGARITA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103693	7/8/2020

Name	Relationship	Profession	License	Effective Date
SALON EDGE	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1315	7/30/2021
YIPSI SKIN CARE MEDSPA	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1621	1/22/2024

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

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