

GEORGE LUIS HERRERA

License Number: ME50737

Data As Of 5/23/2025

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

No

DORAL, FL 33178

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

3595 W 20th street Suite 120

HIALEAH, FL 33012

Address

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

Address

7812 N W 46 Street

MIAMI, FL 33186

Address

7600 W. Camino Real suite 103

BOCA RATON, FL 33433

Address

2 Aragon Ave Suite #30

CORAL GABLES, FL 33134

Address

17110 Royal Palm Blvd Suite 2-3

WESTON, FL 33326

Address

1470 NW 107 Ave Suite C2

MIAMI, FL 33172

Address

2402 Weston Rd

WESTON, FL 33326

Address

10261 S. W. 72 St Suite C 105

MIAMI, FL 33173

Address

18140 Collins Ave

SUNNY ISLES, FL 33160

Address

823 East Oakland Park Blvd

OAKLAND PARK, FL 33334

Address

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

Address

8180 NW 36 St suite 215

DORAL, FL 33166

Address

2731 Executive Park Dr suite 4

WESTON, FL 33331

Address

20801 Biscayne Blvd Suite 100

AVENTURA, FL 33180

Address

13238 SW 8 street

MIAMI, FL 33184

Address

2682 NW 97 Ave

DORAL. FL 33172

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
DELICE BEAUTY & MASSAGE LLC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1333	10/19/2021
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
SALON EDGE	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1315	7/30/2021

Name	Relationship	Profession	License	Effective Date
TAO SPA MIAMI	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1622	1/20/2024
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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