Florida HEALTH Department of Health

LUIS A VINAS MD

License Number: ME57391

Data As Of 11/20/2026

Profession	Medical Doctor
License	ME57391
License Status	Obligations/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2029
License Original Issue Date	04/18/1990
Address of Record	580 Village Blvd suite 135 WEST PALM BEACH, FL 33409
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

10190 SW Village Parkway Suite 106
PORT SAINT LUCIE, FL 34987

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201814110	OBLIGATION(S) SATISFIED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201912322	OBLIGATION(S) SATISFIED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202223218	RESTRICTED FROM PRACTICE
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202304191	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201912322	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202223218	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202223218	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202304191	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201814110	AC FILED

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

10190 SW Village Parkway Suite 106

PORT SAINT LUCIE, FL 34987

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201814110	OBLIGATION(S) SATISFIED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201912322	OBLIGATION(S) SATISFIED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202223218	RESTRICTED FROM PRACTICE
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202304191	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201912322	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202223218	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202223218	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	202304191	AC FILED
VINAS, LUIS A	57391	MEDICAL DOCTOR	WEST PALM BEACH	FL	201814110	AC FILED

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.