



EDWARD J HILLMAN

License Number: ME74796

Data As Of 12/13/2025

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|--|---|
| Profession | Medical Doctor |
| License | ME74796 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 12/30/1997 |
| Address of Record | 8940 N KENDALL DR # 504E MIAMI, FL 33176 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

13101 S. DIXIE HIGHWAY SUITE # 310
PINECREST, FL 33156

Address

6705 RED ROAD Suite 704, 706 SUITE # 704,706
CORAL GABLES, FL 33143

Address

15955 SW 96th STREET Suite 303 SUITE # 303
MIAMI, FL 33196

Address

9915 NW 41ST STREET Suite 220 SUITE 220
DORAL, FL 33178

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 | Effective License Date |
|-----------------------------------|---------------------------------|---------------------|------------------------|
| TORANZOS MONTENEGRO, KAROL VANESA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111024 5/12/2021 |

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

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