Florida HEALTH Department of Health

ABDON SENEN BORGES JR

License Number: ME81393

Data As Of 11/23/2026

Profession	Medical Doctor
License	ME81393
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	10/30/2000
Address of Record	5801 NW 74th Terrace PARKLAND, FL 33067
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
8314 Mills Drive
KENDALL, FL 33183

Address
3252 Buena Vista Blvd Suite 112
MIAMI, FL 33137

Address
3535 NW 83 Avenue Suite 129
MIAMI, FL 33122

Address
5988 Coral Ridge Drive
CORAL SPRINGS, FL 33076

Address
5458 TOWN CENTER ROAD SUITE 19 4EVERYOUNG INSTITUTE
BOCA RATON, FL 33486

Address
4331 NORTH FEDERAL HWY
OAKLAND PARK, FL 33308

Address
9350 S. Dixie Highway # 150
MIAMI, FL 33156

Address
2875 NE 191 street suite 102
AVENTURA, FL 33180

Address
19040 Bruce B Downs Blvd
TAMPA, FL 33647

Address
1815 Palm Beach Lakes Blvd Suite 103
WEST PALM BEACH, FL 33401

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
DIFELICE, RACHEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114081	11/9/2023
MONTANEZ DE JULIO, JENYCCE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111948	10/16/2026
VASALLO, TIANY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119171	9/3/2025

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

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
8314 Mills Drive
KENDALL, FL 33183
Address
3252 Buena Vista Blvd Suite 112
MIAMI, FL 33137
Address
3535 NW 83 Avenue Suite 129
MIAMI, FL 33122
Address
5988 Coral Ridge Drive
CORAL SPRINGS, FL 33076
Address
5458 TOWN CENTER ROAD SUITE 19 4EVERYOUNG INSTITUTE
BOCA RATON, FL 33486
Address
4331 NORTH FEDERAL HWY
OAKLAND PARK, FL 33308
Address
9350 S. Dixie Highway # 150
MIAMI, FL 33156
Address
2875 NE 191 street suite 102
AVENTURA, FL 33180
Address

19040 Bruce B Downs Blvd
TAMPA, FL 33647

Address

1815 Palm Beach Lakes Blvd Suite 103
WEST PALM BEACH, FL 33401

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
DIFELICE, RACHEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114081	11/9/2023
MONTANEZ DE JULIO, JENYCCE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111948	10/16/2026
VASALLO, TIANY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119171	9/3/2025

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

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.