BARBARA MARIE GARCIA PENA

License Number: ME83009

Data As Of 8/5/2025	
Profession	Medical Doctor
License	ME83009
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	07/25/2001
Address of Record	NICKLAUS CHILDREN'S HOSPITAL
	3100 S.W. 62ND AVENUE
	MIAMI, FL 33155
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
CRAWLEY, MEGHAN BOTOS	SUPERVISOR	MEDICAL DOCTOR	145516	08/10/2020
ERINJERI, NEETA	SUPERVISOR	MEDICAL DOCTOR	137118	08/10/2020
UDELSMAN, ROBERT	SUPERVISOR	MEDICAL DOCTOR	130437	08/10/2020

Name	Relationship	Profession	License	Effective Date
YOUNG, GEOFFREY DAVID	SUPERVISOR	MEDICAL DOCTOR	115462	08/10/2020

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

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