



LEONEL CORDOVA

License Number: ME94828

Data As Of 2/23/2026

Profession	Medical Doctor
License	ME94828
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	12/08/2005
Address of Record	709 Alton Road Suite 430 Baptist Urgent Care MIAMI BEACH, FL 33139
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2660 BRICKELL AVENUE BAPTIST MEDICAL PLAZA AT BRICKELL
MIAMI, FL 33129

Address

10 GIRALDA AVENUE CORAL GABLES UC (GUC)
CORAL GABLES, FL 33134

Address

15885 PINES BLVD PEMBROKE PINES UC
PEMBROKE PINES, FL 33027

Address

4741 S UNIVERSITY DRIVE DAVIE UC
DAVIE, FL 33328

Address

6264 W SAMPLE ROAD SUITE 100 BAPTIST MED PLAZA AT CORAL SPRINGS
CORAL SPRINGS, FL 33067

Address

14701 NW 77 AVENUE BAPTIST MED PLAZA AT MIAMI LAKES
MIAMI, FL 33014

Address

9915 NW 41 STREET BAPTIST MEDICAL PLAZA AT DORAL
MIAMI, FL 33178

Address

777 E 25th street Suite#319
HIALEAH, FL 33013

Address

14660 S.W. 8 STREET
MIAMI, FL 33184

Address

8750 S.W. 144 STREET
MIAMI, FL 33176

Address

12472 W. SUNSHINE BLVD. BAPTIST HEALTH URGENT CARE-SUNRISE
SUNRISE, FL 33323

Address

1642 TOWN CENTER CIRCLE BAPTIST HEALTH URGENT CARE-WESTON
WESTON, FL 33326

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
BOGDANOVA, ANNA L	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105154	6/29/2016
BOGDANOVA, ANNA L	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105154	7/19/2016
GOMEZ YATES, JESSICA GABRIELLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106649	6/27/2016
GOMEZ YATES, JESSICA GABRIELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106649	7/8/2016
GUERRERO, JORGE ALBERT	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104178	6/28/2016
GUERRERO, JORGE ALBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104178	6/28/2016
STANLEY, ANTHONY GEORGE MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	77954	6/27/2016
STEWART, MARKIRA OLGA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107494	6/23/2016
STEWART, MARKIRA OLGA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107494	7/13/2016
SUKHWANI, ARTI V	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100958	7/28/2016
ZAPATA, DARIO HERMAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082	6/23/2016
ZAPATA, DARIO HERMAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082	7/6/2016

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