



MARIA ANDREINA VEGAS

License Number: ME102723

Data As Of 12/14/2025

Profession	Medical Doctor
License	ME102723
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	09/02/2008
Address of Record	2501 SW 8 Street MIAMI, FL 33135
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8840 Bird Road #100
MIAMI, FL 33165

Address

1240 South Dixie Highway
CORAL GABLES, FL 33146

Address

709 Alton RD.
MIAMI BEACH, FL 33139

Address

14701 NW 77th Ave.
MIAMI LAKES, FL 33014

Address

9915 NW 41st St.
DORAL, FL 33178

Address

4741 South University Dr.
DAVIE, FL 33328

Address

15885 Pines Blvd.
PEMBROKE PINES, FL 33027

Address

12472 West Sunrise Boulevard
SUNRISE, FL 33323

Address

1642 Town Center Circle
WESTON, FL 33326

Address

10 Giralda Ave.
CORAL GABLES, FL 33134

Address

2660 Brickell Ave.
MIAMI, FL 33129

Address

13001 N. KENDALL DRIVE
MIAMI, FL 33186

[Address](#)

11805 S. DIXIE HIGHWAY
MIAMI, FL 33156

[Address](#)

14660 S.W 8TH STREET
MIAMI, FL 33184

[Address](#)

8750 S.W 144TH STREET
MIAMI, FL 33176

[Address](#)

14661 S.W 56TH STREET
MIAMI, FL 33175

[Address](#)

13500 S.W 152ND STREET
MIAMI, FL 33177

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
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/14/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/19/2016
PERERA, ALEXIS MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	97052	4/28/2016
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016

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

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