



YURI SANCHEZ

License Number: ME102868

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME102868
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	09/23/2008
Address of Record	29645 South Dixie Highway HOMESTEAD, FL 33033
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

14661 S.W. 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES
MIAMI, FL 33175

Address

1185 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST
MIAMI, FL 33156

Address

13500 SW 152 STREET
MIAMI, FL 33177

Address

14660 SW 8TH STREET
MIAMI, FL 33184

Address

8750 SW 144TH STREET
MIAMI, FL 33176

Address

8840 BIRD ROAD
MIAMI, FL 33165

Address

8400 NW 53 ST
MIAMI, FL 33166

Address

1228 S PINE ISLAND RD
PLANTATION, FL 33324

Address

15885 PINES BLVD
PEMBROKE PINES, FL 33027

Address

14701 NW 77TH AVE
MIAMI LAKES, FL 33014

Address

2660 BRICKELL AVE
BRICKELL, FL 33231

Address

1240 SOUTH DIXIE HWY
CORAL GABLES, FL 33146

[Address](#)

12472 W SUNRISE SAWGRASS BLVD
SUNRISE, FL 33323

[Address](#)

4741 S UNIVERSITY DR
DAVIE, FL 33328

[Address](#)

10 GIRALDA AVE
CORAL GABLES, FL 33134

[Address](#)

1642 TOWN CENTER CIR
WESTON, FL 33326

[Address](#)

9915 NW 41ST ST
MIAMI, FL 33178

[Address](#)

709 ALTON RD
MIAMI BEACH, FL 33139

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
PERERA, ALEXIS MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	97052	4/28/2016

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

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