

JUAN CARLOS REY

License Number: ME123294

Data As Of 10/27/2026

Profession	Medical Doctor
License	ME123294
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	03/10/2015
Address of Record	12600 PEMBROKE ROAD SUITE 300 MIRAMAR, FL 33027
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
MIAMI, FL 33129

Address

10 Giralda Avenue
CORAL GABLES, FL 33134

Address

1642 Town Center Circle
WESTON, FL 33326

Address

12472 West Sunrise Blvd
SUNRISE, FL 33323

Address

15885 Pines Blvd
PEMBROKE PINES, FL 33027

Address

4741 South University Drive
DAVIE, FL 33328

Address

9915 NW 41st Street
MIAMI, FL 33178

Address

709 Alton Road
MIAMI BEACH, FL 33139

Address

1240 South Dixie Hwy
CORAL GABLES, FL 33146

Address

8400 NW 53street
MIAMI, FL 33166

Address

1228 S Pine Island Road
PLANTATION, FL 33324

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
BRODKIN, STUART I	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101739	10/16/2026
THOMAS-ELLIS, YOLANDE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101194	10/20/2026

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

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