

JOSE RAMON PEREZ

License Number: ME125214

Data As Of 12/6/2025

Profession Medical Doctor
License ME125214
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 08/06/2015

Address of Record 8765 SW 165th Ave

Suite 106 MIAMI, FL 33193

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

15885 PINES BLVD.

PEMBROKE PINES, FL 33027

Address

1240 S. DIXIE HGHWAY CORAL GABLES, FL 33146

Address

9915 NW 41 STREET DORAL, FL 33178

Address

14701 NW 77 AVENUE MIAMI LAKES, FL 33014

Address

4741 S. UNIVERSITY DRIVE

DAVIE, FL 33328

Address

6264 W. SAMPLE ROAD #100 CORAL SPRINGS, FL 33067

Address

10 GIRALDA AVENUE

CORAL GABLES, FL 33134

Address

2660 BRICKELL AVENUE

MIAMI, FL 33129

Address

8840 BIRD ROAD BAPTIST MEDICAL PLAZA AT WESTCHESTER

MIAMI, FL 33165

Address

13500 SW 152ND STREET BAPTIST MEDICAL PLAZA AT COUNTRY WALK

MIAMI, FL 33177

Address

13001 N. KENDALL DRIVE BAPTIST HEALTH URGENT CARE AT WEST KENDA

MIAMI, FL 33186

Address

14661 SW 56TH STREET BAPTIST HEALTH URGENT CARE AT KENDALE LA

MIAMI, FL 33175

Address

14660 SW 8TH STREET BAPTIST MEDICAL PLAZA AT TAMIAMI

MIAMI, FL 33184

Address

8750 SW 144TH STREET BAPTIST MEDICAL AT PALMETTO BAY

MIAMI, FL 33176

Address

1642 TOWN CENTER CIRCLE

WESTON, FL 33326

Address

12472 W. Sunrise Blvd SUNRISE, FL 33323

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 | 12/8/2016 |
| ALVAREZ-JACINTO, MANUEL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109866 | 12/8/2016 |
| DIAZ, BARBARA ADIS | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102935 | 11/7/2016 |
| DIAZ, BARBARA ADIS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102935 | 10/13/2016 |
| MORATO, ENRIQUE A | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107370 | 10/12/2017 |
| MORATO, ENRIQUE A | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107370 | 10/12/2017 |
| PIDUGU, DONALD VINAY KUMAR | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108947 | 2/5/2018 |
| RODRIGUEZ, ANA MARIA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100681 | 11/8/2017 |
| SOUCY, BRIGITTE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107377 | 11/8/2016 |
| SOUCY, BRIGITTE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107377 | 10/13/2016 |
| TORGBEDE, BOB KWESI | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101958 | 11/7/2016 |
| TORGBEDE, BOB KWESI | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101958 | 10/24/2016 |

| Name | Relationship | Profession | License Effective Date |
|---------------------------|---------------------------------|---------------------|------------------------|
| TORRES, JENNIFER LORRAINE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106759 11/7/2016 |
| TORRES, JENNIFER LORRAINE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106759 10/12/2016 |

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