Florida HEALTH Department of Health

JOSE RAMON PEREZ

License Number: ME125214

Data As Of 11/2/2026

Profession	Medical Doctor
License	ME125214
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/06/2015
Address of Record	14660 SW 8TH STREET BAPTIST MEDICAL PLAZA AT TAMIAMI MIAMI, FL 33184
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
12472 W. Sunrise Blvd
SUNRISE, FL 33323

Address
1642 TOWN CENTER CIRCLE
WESTON, FL 33326

Address
8750 SW 144TH STREET BAPTIST MEDICAL AT PALMETTO BAY
MIAMI, FL 33176

Address
14660 SW 8TH STREET BAPTIST MEDICAL PLAZA AT TAMIAMI
MIAMI, FL 33184

Address
14661 SW 56TH STREET BAPTIST HEALTH URGENT CARE AT KENDALE LA
MIAMI, FL 33175

Address
13001 N. KENDALL DRIVE BAPTIST HEALTH URGENT CARE AT WEST KENDA
MIAMI, FL 33186

Address
13500 SW 152ND STREET BAPTIST MEDICAL PLAZA AT COUNTRY WALK
MIAMI, FL 33177

Address
8840 BIRD ROAD BAPTIST MEDICAL PLAZA AT WESTCHESTER
MIAMI, FL 33165

Address
2660 BRICKELL AVENUE
MIAMI, FL 33129

Address
10 GIRALDA AVENUE
CORAL GABLES, FL 33134

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

Address
4741 S. UNIVERSITY DRIVE
DAVIE, FL 33328
Address
14701 NW 77 AVENUE
MIAMI LAKES, FL 33014
Address
9915 NW 41 STREET
DORAL, FL 33178
Address
1240 S. DIXIE HGHWAY
CORAL GABLES, FL 33146
Address
15885 PINES BLVD.
PEMBROKE PINES, FL 33027

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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