



ANIEL NAVARRO MARIN

License Number: ME125677

Data As Of 1/26/2026

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|--|------------------------------------|
| Professional | Medical Doctor |
| License | ME125677 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 09/24/2015 |
| Address of Record | 9611 Sw 40th St MIAMI, FL 33165 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

2001 W SAMPLE ROAD SUITE 100
DEERFIELD BEACH, FL 33064

Address

6985 Wallace Rd
ORLANDO, FL 32819

Address

11406 N Dale Mabry Hwy SUITE 105
TAMPA, FL 33618

Address

1500 Colonial Blvd suite 103
FORT MYERS, FL 33907

Address

584 NW UNIVERSITY BLVD
PORT SAINT LUCIE, FL 34986

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

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 |
|------------------------|---------------------------------|---------------------|---------|----------------|
| BOGDANOVA, ANNA L | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105154 | 3/20/2019 |
| SANZ MARTINEZ, ERNESTO | PRESCRIBING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 121839 | 3/20/2019 |
| SANZ MARTINEZ, ERNESTO | SUBORDINATE | MEDICAL DOCTOR | 121839 | 2/21/2019 |

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

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