ANDREW PEREDA

License Number: PA9109728

Data As Of 10/22/2025

Profession Physician Assistant

License PA9109728
License Status Clear/Active

Qualifications Dispensing Practitioner

Prescribing

License Expiration Date 1/31/2026 License Original Issue Date 08/23/2016

Address of Record 13001 N. Kendall Drive

Baptist Health Urgent Care at West Kenda

MIAMI, FL 33186

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

8750 SW 144th Street Baptist Medical Plaza at Palmetto Bay

MIAMI, FL 33176

Address

14661 SW 56th Street Baptist Health Urgent Care at Kendale Lk

MIAMI, FL 33175

Address

14660 SW 8th Street Baptist Medical Plaza at Tamiami

MIAMI, FL 33184

Address

13500 SW 152nd Street Baptistn Medical Plaza at Country Walk

MIAMI, FL 33177

Address

13001 N. Kendall Drive Baptist Health Urgent Care at West Kenda

MIAMI, FL 33186

Address

11805 S. Dixie Highway Baptist Health Urgent Care of Pinecrest

MIAMI, FL 33156

Address

8840 Bird Rd, Suite 100 Baptist Medical Plaza at Westchester

MIAMI, FL 33165

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MONES, HARRIS HAL D O	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4172	09/22/2016
SANCHEZ, CARLOS A	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7598	10/01/2017

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

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