



## ABDULREHMAN NAWAZ

### License Number: PA9110710

Data As Of 1/26/2026

Profession	Physician Assistant
License	PA9110710
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/21/2017
Address of Record	500 Winderley Pl #115 ORLANDO, FL 32751
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

2450 N ORANGE BLOSSOM TRL FLORIDA HOSPITAL KISSIMMEE  
KISSIMMEE, FL 34744

### Address

601 W ROLLINS ST FLORIDA HOSPITAL FOR CHILDREN  
ORLANDO, FL 32803

### Address

400 CELEBRATION PL FLORIDA HOSPITAL CELEBRATION  
CELEBRATION, FL 34747

### Address

2000 FOWLER GROVE BLVD FLORIDA HOSPITAL WINTER GARDEN  
WINTER GARDEN, FL 34787

### Address

950 RINEHART RD FLORIDA HOSPITAL LAKE MARY  
LAKE MARY, FL 32746

### Address

201 N PARK AVE FLORIDA HOSPITAL APOPKA  
APOPKA, FL 32703

### Address

200 N LAKEMONT AVE FLORIDA HOSPITAL WINTER PARK  
WINTER PARK, FL 32792

### Address

601 E ROLLINS ST FLORIDA HOSPITAL ORLANDO  
ORLANDO, FL 32803

### Address

7727 LAKE UNDERHILL DR FLORIDA HOSPITAL EAST ORLANDO  
ORLANDO, FL 32822

### Address

601 E ALTAMONTE DR FLORIDA HOSPITAL ALTAMONTE  
ALTAMONTE SPRINGS, FL 32701

## 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	Effective License Date
BORRERO-MENDOZA, ANDRES ELIAS MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	140971 06/25/2025
MOORE, ROSS AARON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	136093 06/18/2025
PACHECO PARES, LUIS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	167514 07/21/2025
REYES SANTOS, ALEX FRANCISCO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	132290 10/14/2025

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

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