### ABDULREHMAN NAWAZ

# License Number: PA9110710

Data As Of 9/6/2025

Profession Physician Assistant

License PA9110710
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 09/21/2017

Address of Record 500 Winderley PI #115 ORLANDO, FL 32751

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

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

#### Address

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

#### Address

601 E ROLLINS ST FLORIDA HOSPITAL ORLANDO ORLANDO, FL 32803

### Address

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

#### Address

201 N PARK AVE FLORIDA HOSPITAL APOPKA APOPKA, FL 32703

### Address

950 RINEHART RD FLORIDA HOSPITAL LAKE MARY

LAKE MARY, FL 32746

#### Address

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

#### Address

400 CELEBRATION PL FLORIDA HOSPITAL CELEBRATION CELEBRATION, FL 34747

#### Address

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

#### Address

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

# Discipline/Admin Action

# **Emergency Actions**

## **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
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

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

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