Florida HEALTH Department of Health

ZHENIA BARBARA ALARCON

License Number: ME142325

Data As Of 10/30/2026

Profession	Medical Doctor
License	ME142325
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/23/2019
Address of Record	35 SW 114 Ave Suite 201 MIAMI, FL 33174
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
6264 West Sample Road
CORAL SPRINGS, FL 33067

Address
13001 N Kendall Drive
MIAMI, FL 33186

Address
13500 SW 152nd Strett BHUC at Country Walk
MIAMI, FL 33177

Address
11805 South Dixie Highway BHUC at Pinecrest
MIAMI, FL 33156

Address
13001 N Kendall Drive BHUC at West Kendall
MIAMI, FL 33186

Address
14661 SW 56th Street BHUC at Kendale Lakes
MIAMI, FL 33175

Address
8750 SW 144th Street BHUC at Palmetto Bay
MIAMI, FL 33176

Address
14660 SW 8th Street BMP at Tamiami
MIAMI, FL 33184

Address
8840 Bird Road, Suite 100 BMP 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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383	9/14/2022

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

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