



LAURA E DIAZ

License Number: PA9112148

Data As Of 2/3/2026

Profession	Physician Assistant
License	PA9112148
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/17/2019
Address of Record	16735 NW 67th Ave #102 HIALEAH LAKES, FL 33015
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

150 NW 42nd Rd
MIAMI, FL 33126

[Address](#)

2750 Coral Way
MIAMI, FL 33126

[Address](#)

4001 SW 88th St.
MIAMI, FL 33155

[Address](#)

385 W 49th Street
HIALEAH, FL 33012

[Address](#)

2310 Biscayne Blvd
MIAMI, FL 33137

[Address](#)

1770 NE Miami Gardens Dr
NORTH MIAMI BEACH, FL 33179

[Address](#)

12555 Biscayne Blvd
NORTH MIAMI, FL 33181

[Address](#)

9971 W. Flagler
MIAMI, FL 33174

[Address](#)

14085 SW 88th St
MIAMI, FL 33186

[Address](#)

12301 S. Dixie Hwy
PINECREST, FL 33156

[Address](#)

1250 South Miami Ave.
MIAMI, FL 33130

Address

6605 S. Dixie Hwy
MIAMI, FL 33143

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
REVE URGELLES, ADDYS DEL CARMEN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	163785	08/28/2025
REVE URGELLES, ADDYS DEL CARMEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	163785	06/29/2025

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

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