Florida HEALTH Department of Health

REBECCA MARIE VALDES

License Number: PA9112583

Data As Of 11/4/2026

Profession	Physician Assistant
License	PA9112583
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/24/2019
Address of Record	792 S Homestead Blvd HOMESTEAD, FL 33030
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
3194 S University Dr.
MIRAMAR, FL 33025

Address
9971 W Flagler St B-240
MIAMI, FL 33174

Address
12301 S Dixie Hwy
PINECREST, FL 33156

Address
1770 NE Miami Gardens Dr
NORTH MIAMI BEACH, FL 33179

Address
12555 Biscayne Blvd, C
NORTH MIAMI, FL 33181

Address
2310 Biscayne Blvd
MIAMI, FL 33127

Address
16735 NW 67th Ave
HIALEAH, FL 33015

Address
150 NW 42nd Ave
MIAMI, FL 33126

Address
14085 SW 88th St
MIAMI, FL 33186

Address
792 S. Homestead Blvd.
HOMESTEAD, FL 33030

Address
385 W 49th St
HIALEAH, FL 33012

Address
6605 South Dixie Hwy
MIAMI, FL 33143
Address
18851 South Dixie Hwy
CUTLER BAY, FL 33157
Address
2750 Coral Way
CORAL GABLES, FL 33145
Address
1250 South Miami Ave
MIAMI, FL 33130
Address
4001 SW 72nd Ave
MIAMI, FL 33155

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 PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4172	09/04/2020

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

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