## **FERNANDA SAMIRA PONCE**

# License Number: ME156325

Data As Of 7/23/2025

Profession Medical Doctor
License ME156325
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 04/19/2022

Address of Record 13500 SW 152nd St MIAMI, FL 33177

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

Oscarina Hair Design 1107 Ponce De Leon

MIAMI, FL 33134

# Address

4300 Alton Road Miami Beach

MIAMI, FL 33140

#### Address

14661 SW 56th St MIAMI, FL 33175

## Address

14660 SW 8th St Ste 100

MIAMI, FL 33184

## Address

11805 S Dixie Hwy MIAMI, FL 33156

## Address

13001 N Kendall Dr MIAMI, FL 33186

## Address

8840 Bird Rd Ste 100 MIAMI, FL 33165

#### Address

8750 SW 144th St Ste 100

MIAMI, FL 33176

## Address

20997 Old Culter Bay CUTLER BAY, FL 33189

# 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
PEDOUSSAUT, LAURA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111939	8/10/2022

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

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