



CARLOS MANUEL RAMOS PACHON

License Number: ME159720

Data As Of 4/26/2026

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| Profession | Medical Doctor |
| License | ME159720 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 11/03/2022 |
| Address of Record | 160 NW 170th ST NORTH MIAMI BEACH, FL 33169 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

759 NW 22 Ave
MIAMI, FL 33125

Address

1671 W 37 St, Ste 4
HIALEAH, FL 33012

Address

7237 Coral Way
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 |
|-------------------------|--------------------------------------|----------------|---------|----------------|
| KLEIN, JENNIFER LINDSAY | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 170086 | 09/03/2024 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------------------|---------------------------------|---------------------|---------|----------------|
| BOARDMAN, JASON ANDREW | PRESCRIBING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 92559 | 5/31/2024 |
| BURDEN, CHARITY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117433 | 5/31/2024 |
| CAMACHO-ACEVEDO, LESLIE ROSIE | PRESCRIBING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 125213 | 5/31/2024 |
| CANTOR, LUIS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113587 | 5/31/2024 |
| CHEN, AMY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9115760 | 5/31/2024 |
| DIENELL, KATIE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117206 | 5/31/2024 |
| ITZIKOWITZ, JESS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110712 | 3/27/2025 |
| KHAN, FARIHAH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111876 | 5/31/2024 |
| KIMBLE, TIFFANY ANNE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105875 | 5/31/2024 |
| KORNETTI, BRIANNE NICOLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9118683 | 5/31/2024 |
| PUTMAN, LESLIE SUE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 3042 | 5/31/2024 |
| RAZZAQ, MARIA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111979 | 5/31/2024 |
| SHAFII, LATIFEH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112064 | 5/31/2024 |
| UMANSKY, BETH LAUREN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107407 | 5/31/2024 |
| VIGROUX, BETHANY NICOLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107323 | 5/31/2024 |

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