



## ADDYS DEL CARMEN REVE URGELLES

License Number: ME163785

Data As Of 7/26/2025

Profession	Medical Doctor
License	ME163785
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/13/2023
Address of Record	2220 SW 89th Pl WESTCHESTER, FL 33165
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1475 W 49th Place  
HIALEAH, FL 33012

#### Address

5352 Linton Boulevard  
DELRAY BEACH, FL 33484

#### Address

4970 Atlantic Boulevard  
MARGATE, FL 33063

#### Address

2001 W 68th Street  
HIALEAH, FL 33016

#### Address

4308 Alton Road  
MIAMI BEACH, FL 33140

#### Address

1100 NW 95th Street  
MIAMI, FL 33150

#### Address

4109 N FEDERAL HWY  
FORT LAUDERDALE, FL 33308

#### Address

11645 Biscayne Boulevard  
MIAMI, FL 33181

#### Address

3601 NE 4TH COURT  
MIAMI, FL 33137

#### Address

3100 SW 62th Avenue  
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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
DIAZ, LAURA E	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112148	6/29/2025
LACHCIK, CLARK ROBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108265	12/5/2024
PORTINER, TREVOR D	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114484	12/2/2024
SULLIVAN, ARTHURLYN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117962	12/2/2024

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