# ADDYS DEL CARMEN REVE URGELLES

# License Number: ME163785

Data As Of 10/24/2025

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

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

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

3100 SW 62th Avenue

MIAMI, FL 33155

### Address

4970 Atlantic Boulevard MARGATE, FL 33063

#### Address

3601 NE 4TH COURT MIAMI, FL 33137

# 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

# Discipline/Admin Action

# **Emergency Actions**

## **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	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112148	8/28/2025
DIAZ, LAURA E	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112148	6/29/2025
LACHCIK, CLARK ROBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108265	12/5/2024
MIGUELEZ, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100292	8/28/2025
MIGUELEZ, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100292	6/29/2025
PORTINER, TREVOR D	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114484	8/28/2025
PORTINER, TREVOR D	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114484	12/2/2024
SULLIVAN, ARTHURLYN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117962	8/28/2025
SULLIVAN, ARTHURLYN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117962	12/2/2024

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.