



TREVOR D PORTINER

License Number: PA9114484

Data As Of 5/6/2026

Profession	Physician Assistant
License	PA9114484
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/04/2021
Address of Record	MD Now 1770 NE Miami Gardens Dr Suite 1 NORTH MIAMI BEACH, FL 33179
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

MD Now 3194 S University Dr
MIRAMAR, FL 33025

[Address](#)

MD Now 9971 W Flagler St
MIAMI, FL 33174

[Address](#)

MD Now 12301 S Dixie Hwy
PINECREST, FL 33156

[Address](#)

MD Now 12555 Biscayne Blvd C
NORTH MIAMI, FL 33181

[Address](#)

MD Now 2310 Biscayne Blvd
MIAMI, FL 33137

[Address](#)

MD Now 150 NW 42nd Ave
MIAMI, FL 33126

[Address](#)

MD Now 792 S Homestead Blvd
HOMESTEAD, FL 33030

[Address](#)

MD Now 16735 NW 67th Ave #102
HIALEAH, FL 33015

[Address](#)

MD Now 6605 S Dixie Hwy
MIAMI, FL 33143

[Address](#)

MD Now 18851 S Dixie Hwy
CUTLER BAY, FL 33157

[Address](#)

MD Now 2750 Coral Way
CORAL GABLES, FL 33145

Address

MD Now 1250 S Miami Ave
MIAMI, FL 33130

Address

MD Now 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
MATOS, NELSON J	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	22664	01/01/2026
REVE URGELLES, ADDYS DEL CARMEN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	163785	08/28/2025
REVE URGELLES, ADDYS DEL CARMEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	163785	12/02/2024
ZAPATA, DARIO HERMAN	SUPERVISING PRESCRIBING PRACTITIONER	PHYSICIAN ASSISTANT	9103082	09/23/2021

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

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