



PHILIP CARLIN WEIMER MD

License Number: ME30910

Data As Of 12/13/2025

Profession	Medical Doctor
License	ME30910
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/02/1977
Address of Record	6200 SUNSET DRIVE SUITE 302 SOUTH MIAMI, FL 33143
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

14661 S.W. 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES
MIAMI, FL 33175

Address

11805 S. DIXIE HIGHWAY BAPTIST HEALTH UC/PINECREST
MIAMI, FL 33156

Address

8950 S.W. 152nd STREET SUITE 103 BAPTIST MEDICAL PLAZA AT PALMETTO BAY
MIAMI, FL 33157

Address

13001 N. KENDALL DRIVE SUITE 100 BAPTIST HEALTH URGENT CARE WEST KENDALL
MIAMI, FL 33186

Address

8840 BIRD ROAD SUITE 100 BAPTIST MEDICAL PLAZA AT WESTCHESTER
MIAMI, FL 33165

Address

14660 S.W. 8TH STREET SUITE 100 BAPTIST MEDICAL PLAZA AT TAMAMI
MIAMI, FL 33184

Address

13500 S.W. 152ND STREET SUITE 100 BAPTIST MEDICAL PLAZA AT COUNTRY WALK
MIAMI, FL 33177

Address

240 CRANDON BLVD., #110 BAPTIST HEALTH EXPRESS CARE
KEY BISCAVNE, FL 33149

Address

15721 SW 152ND STREET BAPTIST HEALTH EXPRESS CARE
MIAMI, FL 33187

Address

20997 OLD CUTLER RD BAPTIST HEALTH UC/CUTLER 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
ALVAREZ-JACINTO, MANUEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	12/8/2016
CORGI, MARIA LAURA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116422	3/18/2025
MORATO, ENRIQUE A	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
MORATO, ENRIQUE A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
RODRIGUEZ, ANA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100681	11/8/2017
SOUCY, BRIGITTE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	11/8/2016
SOUCY, BRIGITTE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107377	10/13/2016
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383	9/14/2022

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