



DAVID RAYMOND NATEMAN

License Number: ME38769

Data As Of 4/27/2026

Profession	Medical Doctor
License	ME38769
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/28/1981
Address of Record	14150 SW 136TH STREET BAPTIST HEALTH EC AT COUNTRY WALK MIAMI, FL 33186
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

14591 SW 26TH STREET BAPTIST HEALTH EC AT CORAL WAY WEST
MIAMI, FL 33175

Address

8840 BIRD ROAD BAPTIST MEDICAL PLAZA/WESTCHESTER
MIAMI, FL 33165

Address

13001 N KENDALL DRIVE BAPTIST HEALTH UC/WEST KENDALL
MIAMI, FL 33186

Address

14660 SW 8TH STREET BAPTIST MEDICAL PLAZA/TAMIAMI
MIAMI, FL 33184

Address

13500 SW 152 STREET BAPTIST MEDICAL PLAZA/COUNTRY WALK
MIAMI, FL 33177

Address

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

Address

14661 SW 56TH STREET BAPTIST HEALTH UC/KENDALE LAKES
MIAMI, FL 33175

Address

8950 SW 152 Street Suite 103 BAPTIST MEDICAL PLAZA/PALMETTO BAY
MIAMI, FL 33176

Address

9520 NW 58th Street BAPTIST HEALTH HOSP AT DORAL
MIAMI, FL 33178

Address

8750 SW 144th Street BHEC at Palmetto Bay
MIAMI, FL 33176

Address

20997 Old Cutler Road Baptist Medical Plaza/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	Effective License	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
MORATO, ENRIQUE A	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
MORATO, ENRIQUE A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107370	10/12/2017
OCEAN REEF VOLUNTEER FIRE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	4404	8/1/2003
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	11/8/2016

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

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