



## VIRGIL SANCHEZ MD

License Number: ME40646

Data As Of 4/30/2026

Profession	Medical Doctor
License	ME40646
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	08/19/1982
Address of Record	1200 Osceola Avenue WINTER PARK, FL 32789
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200605922	OBLIGATIONS IMPOSED
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200729048	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200729048	AC FILED
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200605922	AC FILED

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
CHAU, AARON	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	718	11/13/2025
MIMS, RASHAAN	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	663	10/11/2024
ORTIZ, MARCUS LUIS	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	410	11/13/2025
SULEYMANOV, ILKHOM BATIROVICH	AA	ANESTHESIOLOGIST ASSISTANTS	551	2/16/2024

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.

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200605922	OBLIGATIONS IMPOSED
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200729048	OBLIGATION(S) SATISFIED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200729048	AC FILED
SANCHEZ, VIRGIL	40646	MEDICAL DOCTOR	WINTER PARK	FL	200605922	AC FILED

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
CHAU, AARON	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	718	11/13/2025

Name	Relationship	Profession	License	Effective Date
MIMS, RASHAAN	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	663	10/11/2024
ORTIZ, MARCUS LUIS	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	410	11/13/2025
SULEYMANOV, ILKHOM BATIROVICH	AA	ANESTHESIOLOGIST ASSISTANTS	551	2/16/2024

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.