Florida HEALTH Department of Health

MARLENE HERNANDEZ

License Number: ACN386

Data As Of 11/1/2026

Profession	Area of Critical Need Medical Doctor
License	ACN386
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	05/02/2011
Address of Record	7906 US-90 LAKE CITY, FL 32055
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1599 SW 187 AVENUE EVERGLADES CORRECTIONAL INST.
MIAMI, FL 33194

Address
1150 SW ALLAPATTAH ROAD MARTIN CORRECTIONAL INST.
INDIANTOWN, FL 34956

Address
3420 NE 168 STREET OKEECHOBEE CORRECTIONAL INST.
OKEECHOBEE, FL 34972

Address
13617 SW HIGHWAY 70 DESOTO CORRECTIONAL INST.
ARCADIA, FL 34266

Address
7031 SW 62ND AVENUE LARKIN COMMUNITY HOSPITAL
SOUTH MIAMI, FL 33143

Address
33123 OIL WELL ROAD CHARLOTTE CORRECTIONAL INSTITUTION
PUNTA GORDA, FL 33955

Address
13910 NW 41ST ST. SOUTH FL RECEPTION CENTER
DORAL, FL 33178

Address
6901 STATE ROAD 62 HARDEE CORRECTIONAL INST.
BOWLING GREEN, FL 33834

Address
1900 SW 377 STREET DADE CORRECTIONAL INST.
FLORIDA CITY, FL 33034

Address
19000 SW 377 STREET HOMESTEAD CORRECTIONAL INST.
FLORIDA CITY, FL 33034

Address
2604 W Woodland Ridge Dr
LECANTO, FL 34461

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
GOOD NEWS CARE CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		11/10/2020
LARKIN COMMUNITY HOSPITAL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		12/27/2020

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
RE MOLINA, LIGIA M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100838	6/23/2023

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.

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