INEMESIT NYONG ABIA

License Number: ME84077

Data As Of 10/24/2025

Profession Medical Doctor
License ME84077
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 01/09/2002

Address of Record 1203 Governor's Square Blvd

Suite 200

Yes

TALLAHASSEE, FL 33323

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

14701 NW 77 AVENUE BAPTIST MEDICAL PLAZA AT MIAMI LAKES MIAMI LAKES, FL 33014

Address

6264 W. SAMPLE RD SUITE 100 BAPTIST MEDICAL PLAZA AT CORAL SPRINGS CORAL SPRINGS, FL 33067

Address

4741 S UNIVERSITY DR BAPTIST MEDICAL PLAZA AT DAVIE

DAVIE, FL 33328

Address

15885 PINES BLVD BAPTIST MED PLAZA AT PEMBROKE PINES

PEMBROKE PINES, FL 33027

Address

10 GIRALDA AVENUE BAPTIST MEDICAL PLAZA AT CORAL GABLES

CORAL GABLES, FL 33134

Address

1240 S DIXIE HWY BAPTIST MEDICAL PLAZA AT UNIVERSITY

CORAL GABLES, FL 33146

Address

12472 W. SUNRISE BLVD. BAPTIST HEALTH URGENT CARE-SUNRISE

SUNRISE, FL 33323

Address

1642 TOWN CENTER CIRCLE BAPTIST HEALTH URGENT CARE-WESTON

WESTON, FL 33326

Address

2660 BRICKELL AVENUE BAPTIST MEDICAL PLAZA AT BRICKELL

MIAMI, FL 33129

Address

5975 Sunset Dr #402 SOUTH MIAMI, FL 33143

Discipline/Admin Action

Emergency Actions

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 Dat |
|--------------------------------|---------------------------------|---------------------|-----------------------|
| BOGDANOVA, ANNA L | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105154 6/29/2016 |
| BOGDANOVA, ANNA L | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105154 7/19/2016 |
| GOMEZ YATES, JESSICA GABRIELLE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106649 6/27/2016 |
| GOMEZ YATES, JESSICA GABRIELLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106649 7/8/2016 |
| GUERRERO, JORGE ALBERT | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104178 6/28/2016 |
| GUERRERO, JORGE ALBERT | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104178 6/28/2016 |
| SHAW, TECRESHA JANE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108150 7/1/2025 |
| STEWART, MARKIRA OLGA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107494 6/23/2016 |
| STEWART, MARKIRA OLGA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107494 7/14/2016 |
| SUKHWANI, ARTI V | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100958 6/27/2016 |
| SUKHWANI, ARTI V | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100958 7/28/2016 |
| ZAPATA, DARIO HERMAN | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103082 6/23/2016 |
| ZAPATA, DARIO HERMAN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103082 7/6/2016 |

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