



## INEMESIT NYONG ABIA

License Number: ME84077

Data As Of 4/28/2026

Profession	Medical Doctor
License	ME84077
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/09/2002
Address of Record	1760 Summit Lake Drive Suite 105 TALLAHASSEE, FL 32317
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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

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
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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