



## EDDY E HERNANDEZ PEREZ

### License Number: ACN687

Data As Of 5/23/2026

Profession	Area of Critical Need Medical Doctor
License	ACN687
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	08/03/2015
Address of Record	3142 THOMAS DRIVE CORIZON HEALTH AT HOLMES CI BONIFAY, FL 32425
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

400 Tedder Rd  
CENTURY, FL 32535

[Address](#)

630 Opportunity Ln  
HAVANA, FL 32333

[Address](#)

5563 10th St  
MALONE, FL 32445

[Address](#)

5850 East Milton Rd  
MILTON, FL 32583

[Address](#)

11064 NW Dempsey Barron Rd  
BRISTOL, FL 32321

[Address](#)

500 Ike Steele Rd  
WEWAHITCHKA, FL 32465

[Address](#)

19562 SE Institution Dr  
BLOUNTSTOWN, FL 32424

[Address](#)

3189 Colonel Greg Malloy Rd  
CRESTVIEW, FL 32539

[Address](#)

691 Institution Rd  
DEFUNIAK SPRINGS, FL 32433

### 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	Effective License Date
CALHOUN CORRECTIONAL INSTITUTION	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
GADSDEN RE-ENTRY	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
HOLMES COUNTY CORRECTIONAL INSTITUTION	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	12/09/2022
JACKSON CORRECTIONAL INSTITUTION	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
OKALOOSA CORRECTIONAL INSTITUTION	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
SANTA ROSA CORRECTIONAL INSTITUTION	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
COOPER, JOSEPH ANDERSON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120209	11/3/2025

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

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