



Department of Health



Practitioner Profile

Printer Friendly Version

CHERISE M. FELIX

License Number: ME158760

Profession

Medical Doctor

License Status

CLEAR/ACTIVE

Year Began Practicing

01/01/2004

License Expiration Date

01/31/2025

 Authorized to Order
(Medical and Low-THC Cannabis)

Yes

General
InformationEducation
& TrainingAcademic
AppointmentsSpecialty
CertificationFinancial
ResponsibilityProceedings
& ActionsOptional
InformationLicense
Information

The practitioner has not verified the information contained in this profile.

Primary Practice Address

CHERISE M. FELIX
2300 2300 N FLORIDA MANGO RD
WEST PALM BEACH, FL 33409

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Email Address

Please contact at: **Cherisefelix@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:



Department of Health

AMA

TENNESSEE

Profession

MD

MD

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has not indicated whether he/she has submitted payment of the assessment.

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