



FRANK H. SNIPES MD

License Number: ME111650

Data As Of 1/9/2026

Profession	Medical Doctor
License	ME111650
License Status	Obligations/Active
License Expiration Date	1/31/2028
License Original Issue Date	12/06/2011
Address of Record	3075 E. COMMERCIAL BLVD #1A FT. LAUDERDALE, FL 33308
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
SNIPES, FRANK H.	111650	MEDICAL DOCTOR	FT. LAUDERDALE	FL	201625852	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SNIPES, FRANK H.	111650	MEDICAL DOCTOR	FT. LAUDERDALE	FL	201625852	AC FILED

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, Box 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
CANNOLI KITCHEN EAST DEERFIELD,LLC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY		9/24/2025

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

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