



## GABRIEL BETANCOURT

License Number: OS11826

Data As Of 11/22/2024

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| Profession   | Osteopathic Physician  |
| License  | OS11826  |
| License Status   | CLEAR/Active   |
| License Expiration Date  | 3/31/2026  |
| License Original Issue Date  | 07/25/2012   |
| Address of Record  | Vohra Post-Acute Physicians<br>3601 SW 160th Ave.<br>MIRAMAR, FL 33027 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No   |
| Discipline on File   | No   |
| Public Complaint   | No   |

## Secondary Locations

### Address

Bio-Cell Wellness Group 8725 NW 18th Terrace #105  
MIAMI, FL 33172

### Address

2946 S. University Dr. #7205  
DAVIE, FL 33328-1458

### Address

Kendall Lakes Health and Rehab 5280 SW 157th Ave.  
MIAMI, FL 33185

### Address

Wilton Manors Health and Rehab 2675 N Andrews Ave.  
FT. LAUDERDALE, FL 33311

### Address

Celsius Vitality Center 2820 NE 214th St. 8th Floor Suite 810  
AVENTURA, FL 33180

### Address

Family Quality Health 5881 NW 151st St. #211  
MIAMI LAKES, FL 33014

### Address

Hope Medical Center 6500 W. 4th Ave. #9  
HIALEAH, FL 33012

### Address

Harmony Community Center 14865 S. Dixie Hwy.  
MIAMI, FL 33176

### Address

Vibrance 1401 SW 87th Ave.  
MIAMI, FL 33174

### Address

Lago Medical Center 11055 SW 186th St.  
CUTLER BAY, FL 33157

## 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 |
|------------------------|---------------------|----------------|---------|----------------|
| KARDON, LAURIE ANN M D | SUPER-DOSUBORDINATE | MEDICAL DOCTOR | 66557   | 8/6/2016       |

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

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