# NICOLE ROSE OFFENBERG

# License Number: PA9108441

Data As Of 8/26/2025	
Profession	Physician Assistant
License	PA9108441
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	12/17/2014
Address of Record	2007 PALM BEACH LAKES BLVE
	WEST PALM BEACH, FL 33409
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

BLVD

# Secondary Locations

#### Address

6240 CORAL RIDGE DR. CORAL SPRINGS, FL 33076 Address 2502 N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064 Address 5216 N. FEDERAL HWY FT LAUDERDALE, FL 33308 Address 6868 FOREST HILL BLVD GREENACRES, FL 33413 Address 9650 PINES BLVD PEMBROKE PINES, FL 33024 Address 2007 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409 Address 1770 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH, FL 33317 Address 10081 W. OAKLAND PARK BLVD SUNRISE, FL 33351 Address 6300 N. ANDREWS AVE FT LAUDERDALE, FL 33309 Address 7036 BERACASA WAY BOCA RATON, FL 33433 Address 6699 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437 Address

3470 N.W. 62ND AVE MARGATE, FL 33063

#### Address

2272 N. CONRESS AVE BOYNTON BEACH, FL 33426

#### Address

11551 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411

#### Address

9060 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410

#### Address

4036 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33442

#### Address

12555 C BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181

#### Address

4570 LANTANA RD LAKE WORTH, FL 33463

# 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	License	Effective Date
WALKER, YVONNE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	164401	06/06/2025
WORZEL, KAREN MARIE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11508	03/27/2024

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

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