



## ALI SAAD MALIK

### License Number: OS12165

Data As Of 8/10/2025

Profession	Osteopathic Physician
License	OS12165
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	05/14/2013
Address of Record	2820 NE 214th Street Suite 701 AVENTURA, FL 33180
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1801 S 23rd Street Suite 1  
FORT PIERCE, FL 34950

#### Address

130 JFK Drive Suite 138  
ATLANTIS, FL 33462

#### Address

7540 NW 5th Street Suite 1  
PLANTATION, FL 33317

#### Address

1380 NE Miami Gardens Drive Suite 155  
NORTH MIAMI BEACH, FL 33179

#### Address

1345 NE 4th Avenue  
FORT LAUDERDALE, FL 33304

#### Address

3727 N Goldenrod Road Suite 103  
WINTER PARK, FL 32792

#### Address

2800 S Osceola Avenue  
ORLANDO, FL 32806

#### Address

1051 Port Malabar Blvd NE Suite 6-7  
PALM BAY, FL 32905

### 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	8/9/2016

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

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