



JAIME ARANGO-CIFUENTES

License Number: ACN957

Data As Of 10/11/2025

Profession	Area of Critical Need Medical Doctor
License	ACN957
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/05/2017
Address of Record	7353 NW 4th St PLANTATION, FL 33317
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1770 N.E. MIAMI GARDENS DR MD NOW MEDICAL CENTERS, INC.
NORTH MIAMI BEACH, FL 33179

Address

18921 NW 2nd Avenue Suite C
MIAMI, FL 33169

Address

601 LINTON BLVD MD NOW MEDICAL CENTERS, INC
DELRAY BEACH, FL 33444

Address

2007 PALM BEACH LAKES BLVD MD NOW MEDICAL CENTERS, INC
WEST PALM BEACH, FL 33409

Address

18851 S DIXIE HWY
CUTLER BAY, FL 33189

Address

12555 C BISCAYNE BLVD.
NORTH MIAMI, FL 33181

Address

2502 N. STATE RD. 7
HOLLYWOOD, FL 33021

Address

415 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

Address

9771 W FLAGLER
MIAMI, FL 33174

Address

4036 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

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	Effective License Date
MD NOW MEDICAL CENTERS INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020
MD NOW MEDICAL CENTERS, INC. DBA CT CORP	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.