



## JAIME ARANGO-CIFUENTES

### License Number: ACN957

Data As Of 5/22/2026

Profession	Area of Critical Need Medical Doctor
License	ACN957
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
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

4036 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

#### Address

9771 W FLAGLER  
MIAMI, FL 33174

#### Address

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

#### Address

2502 N. STATE RD. 7  
HOLLYWOOD, FL 33021

#### Address

12555 C BISCAYNE BLVD.  
NORTH MIAMI, FL 33181

#### Address

18851 S DIXIE HWY  
CUTLER BAY, FL 33189

#### Address

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

#### Address

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

#### Address

18921 NW 2nd Avenue Suite C  
MIAMI, FL 33169

#### Address

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

### 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

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