



## ANDREW O IDOWU

License Number: ME122495

Data As Of 12/13/2025

Profession	Medical Doctor
License	ME122495
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	12/23/2014
Address of Record	1611 NW 12TH AVE MIAMI, FL 33136
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

4101 NW 3rd Court Suite 16  
PLANTATION, FL 33317

### Address

4216 Cortez Rd W  
BRADENTON, FL 34210

### Address

9595 NORTH KENDALL DRIVE SUITE 103  
MIAMI, FL 33176

### Address

3216 W Azeele St Suite 2  
TAMPA, FL 33609

### Address

1122 Bell Shoals Rd Suite 101  
BRANDON, FL 33511

### Address

255 University Drive  
MIAMI, FL 33134

### Address

92 SW 3RD ST, APT 5107  
MIAMI, FL 33130

### Address

1625 SE 3rd ave suite 701  
FT LAUDERDALE, FL 33316

### Address

8525 sw 92 st unit A-1  
MIAMI, FL 33156

### Address

8950 North Kendall Dr suite 501-W  
MIAMI, FL 33176

### Address

1625 SE 3rd Ave suite 400  
FT LAUDERDALE, FL 33316

### Address

3111 North University Dr. Suite 308

CORAL SPRINGS, FL 33065

[Address](#)

600 North Hiatus Rd Suite 105

PEMBROKE PINES, FL 33026

[Address](#)

1625 SE 3rd Ave Suite: 701

FT LAUDERDALE, FL 33316

[Address](#)

4308 Alton Rd Suite 840

MIAMI BEACH, FL 33140

[Address](#)

3190 McMullen Booth Rd Suite 202

CLEARWATER, FL 33761

[Address](#)

1951 SW 172ND Ave suite 412

MIRAMAR, FL 33029

[Address](#)

2964 N. State Rd 7 suite 310

MARGATE, FL 33063

[Address](#)

50 Biscayne Blvd Unit 4302

MIAMI, FL 33132

[Address](#)

3915 Biscayne Blvd #406

MIAMI, FL 33137

[Address](#)

404 Washington Ave Suite 120

MIAMI BEACH, FL 33139

[Address](#)

1951 SW 172nd Ave Suite 416

MIRAMAR, FL 33029

[Address](#)

1520 Citrus Medical Court

OCOE, FL 34761

[Address](#)

2154 Duck Slough Boulevard Suite 103

TRINITY, FL 34655

[Address](#)

9700 South Dixie Hwy Suite 1060

MIAMI, FL 33156

[Address](#)

8441 W. Linebaugh Ave

TAMPA, FL 33625

[Address](#)

8500 South West 92nd St Suite 204

MIAMI, FL 33156

[Address](#)

1200 N university Dr

PLANTATION, FL 33322

[Address](#)

1865 N Corporate Lakes Blvd Ste 2A

WESTON, FL 33326

[Address](#)

12741 Miramar Pkwy Suite 302

MIRAMAR, FL 33027

[Address](#)

7000 SW 62 Ave suite 350

MIAMI, FL 33143

#### [Address](#)

3641 South Miami Ave suite 250  
MIAMI, FL 33133

#### [Address](#)

8940 North Kendall Dr Suite 804-E  
MIAMI, FL 33176

#### [Address](#)

8950 N Kendall Dr suite 301  
KENDALL, FL 33176

#### [Address](#)

7600 sw 87 ave suite 206  
MIAMI, FL 33173

#### [Address](#)

3661 S miami ave suite 704  
MIAMI, FL 33133

#### [Address](#)

3683 S Miami Ave Suite 460  
MIAMI, FL 33133

#### [Address](#)

225 N. Lincoln Ave  
ODESSA, TX 79761

#### [Address](#)

1951 SW 172nd Ave Suite 203  
MIRAMAR, FL 33029

#### [Address](#)

3661 South Miami Ave Suite 506  
MIAMI, FL 33133

#### [Address](#)

603 N Flamingo Rd Suite 361  
PEMBROKE PINES, FL 33028

#### [Address](#)

7301 A, W Palmetto Park Rd 200C  
BOCA RATON, FL 33433

#### [Address](#)

1290 Weston Rd Suite 214  
WESTON, FL 33326

## 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
SETH, BHANU	ANESTHESIA PROVIDER	MEDICAL DOCTOR	164586	06/10/2024

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.