Florida HEALTH Department of Health

ANDREW O IDOWU

License Number: ME122495

Data As Of 11/7/2026

Profession	Medical Doctor
License	ME122495
License Status	Clear/Active
Qualifications	Letter of Qualification STATE OF PRINCIPAL LICENSURE
License Expiration Date	1/31/2027
License Original Issue Date	12/23/2014
Address of Record	3661 South Miami Ave Suite 506 MIAMI, FL 33133
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

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
2960 N State Rd suite 200
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
OCOEE, 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

7301A, W Palmetto Park Rd 200C
BOCA RATON, FL 33433
Address
1290 Weston Rd Suite 214
WESTON, FL 33326
Address
1290 Weston Rd Suite 214
WESTON, FL 33326
Address
2820 NE 214 Street Suite 805
AVENTURA, FL 33180
Address
4600 SW 46th Court Suite 150
OCALA, FL 34474
Address
7800 SW 87th Ave Suite A-120
MIAMI, FL 33173
Address
2300 N Commerce Pkwy STE 319
WESTON, FL 33326
Address
2875 NE 191st St Unit 201
AVENTURA, FL 33180
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
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1625 SE 3rd ave suite 701
FT LAUDERDALE, FL 33316
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8525 sw 92 st unit A-1
MIAMI, FL 33156
Address
8950 North Kendall Dr suite 501-W
MIAMI, FL 33176
Address
301 NW 84th Ave suite 302
PLANTATION, FL 33324

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
RIVERO, EDWARD C	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102542	6/9/2026
RIVERO, EDWARD C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102542	6/9/2026

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