



## MOISES ENGHELBERG

License Number: OS14981

Data As Of 7/1/2025

Profession	Osteopathic Physician
License	OS14981
License Status	Null And Void/
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2020
License Original Issue Date	11/07/2017
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

12555 C BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181

### Address

1770 NE MIAMI GARDENS DR UNIT 1  
NORTH MIAMI BEACH, FL 33179

### Address

12301 S DIXIE HWY  
PINECREST, FL 33516

### Address

1250 SOUTH MIAMI AVE  
MIAMI, FL 33130

### Address

18851 S DIXIE HWY  
CUTLER BAY, FL 33157

### Address

14201 SOUTH DIXIE HWY  
MIAMI, FL 33176

### Address

415 E HALLANDALE BEACH RD  
HALLANDALE BEACH, FL 33009

### Address

16735 NW 67 AVE #102  
HIALEAH, FL 33015

### Address

4001 SW 72ND AVE  
MIAMI, FL 33155-4556

### Address

4036 HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442

### Address

14085 SW 88TH ST  
MIAMI, FL 33186-4002

### Address

415 E HALLANDALE BEACH RD  
HALLANDALE BEACH, FL 33009

[Address](#)

9971 W FLAGLER  
MIAMI, FL 33174

[Address](#)

5216 N FEDERAL HWY  
FORT LAUDERDALE, FL 33308

[Address](#)

9971 W FLAGLER ST  
MIAMI, FL 33174

[Address](#)

9650 PINES BLVD  
PEMBROKE PINES, FL 33024

[Address](#)

6300 N ANDREWS AVE  
FORT LAUDERDALE, FL 33309

[Address](#)

2502 N. STATE RD 7 (HWY441)  
HOLLYWOOD, FL 33021

## 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.

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