



EVAN NICHOLAS MEIER DO

License Number: OS14783

Data As Of 8/4/2025

Profession	Osteopathic Physician
License	OS14783
License Status	Null And Void/
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2020
License Original Issue Date	06/27/2017
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

14085 Sw 88th St.
MIAMI, FL 33186

Address

6300 N Andrews Ave
FT LAUDERDALE, FL 33309

Address

415 E Hallandale Beach Blvd.
HALLANDALE BEACH, FL 33009

Address

5216 N Federal Hwy
FT LAUDERDALE, FL 33308

Address

4001 SW 72nd Ave.
MIAMI, FL 33155

Address

2502 N Federal Hwy
LIGHTHOUSE POINT, FL 33064

Address

12301 S Dixie Hwy
PINECREST, FL 33156

Address

16735 NW 67th Ave
HIALEAH, FL 33015

Address

12555 C Biscayne Blvd
NORTH MIAMI, FL 33181

Address

10081 W Oakland Park Blvd
SUNRISE, FL 33351

Address

4036 W Hillsboro Blvd
DEERFIELD BEACH, FL 33442

Address

9650 Pines Blvd
PEMBROKE PINES, FL 33024

[Address](#)

6240 Coral Ridge Dr
CORAL SPRINGS, FL 33076

[Address](#)

3470 NW 62nd Ave.
MARGATE, FL 33063

[Address](#)

2502 N State Rd 7
HOLLYWOOD, FL 33021

[Address](#)

9771 W Flagler
MIAMI, FL 33174

[Address](#)

7007 W Broward Blvd.
PLANTATION, FL 33317

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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