



## MARK S BIR

### License Number: PA1623

Data As Of 8/14/2025

Profession	Physician Assistant
License	PA1623
License Status	Vol Relinquish/
Qualifications	Prescribing
License Expiration Date	1/31/2022
License Original Issue Date	08/14/1987
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](#)

733 4TH AVENUE, NORTH 21ST CENTURY ONCOLOGY  
NAPLES, FL 34102

#### [Address](#)

8350 Sierra Meadows Blvd 21st Century Oncology  
NAPLES, FL 34113

#### [Address](#)

733 4th Avenue North 21st Century Oncology  
NAPLES, FL 34102

#### [Address](#)

955 10th Avenue North 21st Century Oncology  
NAPLES, FL 34102

#### [Address](#)

1885 SW Health Parkway 21st Century Oncology  
NAPLES, FL 34109

#### [Address](#)

8991 Brighton Lane 21st Century Oncology  
BONITA SPRINGS, FL 34135

#### [Address](#)

7341 GLADIOLUS DRIVE  
FT MYERS, FL 33908

#### [Address](#)

1419 SE 8TH TERRACE  
CAPE CORAL, FL 33990

#### [Address](#)

1885 SW HEALTH PARKWAY  
NAPLES, FL 34109

#### [Address](#)

1419 SE 8TH TERRACE  
CAPE CORAL, FL 33990

#### [Address](#)

820 GOODLETTE RD. NORTH  
NAPLES, FL 34109

#### [Address](#)

8991 BRIGHTON LANE  
BONITA SPRINGS, FL 34135

## 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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