



## A PAIN CLINIC OF DELRAY

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License Number: PMC1729

Data As Of 5/22/2026

Profession	Pain Management Clinic
License	PMC1729
License Status	Clear/
License Expiration Date	1/1/0001
License Original Issue Date	12/05/2017
Address of Record	2605 WEST ATLANTIC AVENUE STE #101 DELRAY BEACH, FL 33445
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### 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
JAFFE, KENNETH SCOTT MD	DESIGNATED PHYSICIAN	MEDICAL DOCTOR	78885	03/01/2018
JAFFE, KENNETH SCOTT MD	PAIN MANAGEMENT CLINIC OWNER	MEDICAL DOCTOR	78885	12/04/2017

Click on the License Number to view License Details for that Practitioner

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