



## SAUL LIPSMAN

### License Number: PO571

Data As Of 4/29/2025

Profession	Podiatric Physician
License	PO571
License Status	DISCP RELINQ/
License Expiration Date	3/31/2024
License Original Issue Date	08/11/1971
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	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

6894 LAKE WORTH ROAD  
LAKE WORTH, FL 33467

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LIPSMAN, SAUL	571	PODIATRIC PHYSI	PALM BCH GDNS	FL	202226770	VOLUNTARY SURRENDER
LIPSMAN, SAUL	571	PODIATRIC PHYSI	PALM BCH GDNS	FL	202236914	VOLUNTARY SURRENDER
LIPSMAN, SAUL	571	PODIATRIC PHYSI	PALM BCH GDNS	FL	199314068	FINE
LIPSMAN, SAUL	571	PODIATRIC PHYSI	PALM BCH GDNS	FL	199604711	PROBATION - OTHER MAJOR PENALTY
LIPSMAN, SAUL DR.	571	PODIATRIC PHYSI	PALM BCH GDNS	FL	102052	PROBATION - OTHER MAJOR PENALTY
LIPSMAN, SAUL	571	PODIATRIC PHYSI	PALM BCH GDNS	FL	199507486	PROBATION - OTHER MAJOR PENALTY
LIPSMAN, SAUL	571	PODIATRIC PHYSI	PALM BCH GDNS	FL	113024	FINE AND REPRIMAND

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LIPSMAN, SAUL	571	PODIATRIC PHYSICIAN	PALM BCH GDNS	FL	202236914	AC FILED
LIPSMAN, SAUL	571	PODIATRIC PHYSICIAN	PALM BCH GDNS	FL	202226770	AC FILED

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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