

**BARRY JACK KAPLAN****License Number: OS4478***Data As Of 6/17/2025*

Profession	Osteopathic Physician
License	OS4478
License Status	DECEASED/
License Expiration Date	3/31/2018
License Original Issue Date	12/13/1982
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
Alerts	Enforcement Alert 4/28/2008 4:33:15 PM Respondent is restricted from performing cosmetic surgery involving any type of incision into the human body, until such time as Respondent demonstrates competency in cosmetic surgery by obtaining Board certification through a Board certified entity through American Board of Medical Specialties, or American Osteopathic Association. For further information, please contact the Compliance Management Unit @ 850-245-4268. (JMH)

Secondary Locations

No secondary locations found.

Discipline/Admin Action**Emergency Actions**

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
KAPLAN, BARRY JACK	4478	OSTEOPATHIC PHY	ALTAMONTE SPRINGS	FL	200606863	SUBJECT DECEASED
KAPLAN, BARRY JACK	4478	OSTEOPATHIC PHY	ALTAMONTE SPRINGS	FL	199613724	OBLIGATIONS IMPOSED
KAPLAN, BARRY JACK	4478	OSTEOPATHIC PHY	ALTAMONTE SPRINGS	FL	200002429	RESTRICTED FROM PRACTICE
KAPLAN, BARRY JACK	4478	OSTEOPATHIC PHY	ALTAMONTE SPRINGS	FL	200320677	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
KAPLAN, BARRY JACK	4478	OSTEOPATHIC PHYSICIAN	ALTAMONTE SPRINGS	FL	200606863	AC FILED
KAPLAN, BARRY JACK	4478	OSTEOPATHIC PHYSICIAN	ALTAMONTE SPRINGS	FL	200320677	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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