



BARRY L MIGICOVSKY

License Number: ME47469

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME47469
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	11/04/1985
Address of Record	11011 SHERIDAN STREET SUITE 109 COOPER CITY, FL 33026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

4700 SHERIDAN STREET SUITE F
HOLLYWOOD, FL 33021

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MIGICOVSKY, BARRY L	47469	MEDICAL DOCTOR	COOPER CITY	FL	201116915	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MIGICOVSKY, BARRY L	47469	MEDICAL DOCTOR	COOPER CITY	FL	201116915	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
MOLINA-BURSET, ADALIS C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108952	11/10/2015

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

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