## MICHAEL HOWENS

## License Number: ME47631

Data As Of 8/6/2025

Profession Medical Doctor
License ME47631
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 01/08/1986

Address of Record 8940 N. KENDALL DRIVE

SUITE 504-E MIAMI, FL 33176

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

925 NE 30TH TERRACE SUITE 214 HOMESTEAD, FL 33030

#### Address

6705 RED ROAD SUITE # 704, 706 CORAL GABLES, FL 33143

#### Address

13101 S. DIXIE HIGHWAY SUITE # 310 PINECREST, FL 33156

## 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.

# **Subordinate Practitioners**

Name	Relationship	Profession	Effective License Date
TORANZOS MONTENEGRO, KAROL	PRESCRIBING PHYSICIAN	PHYSICIAN	9111024 5/6/2021
VANESA	ASSISTANT	ASSISTANT	

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

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