



RANDOLPH JOHN KNIFIC

License Number: ME50388

Data As Of 6/7/2025

Profession	Medical Doctor
License	ME50388
License Status	CLEAR/Active
License Expiration Date	1/31/2027
License Original Issue Date	04/27/1987
Address of Record	14551 HOPE CTR LP FORT MYERS, FL 33912
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

5220 Lee Blvd. Suite 1
LEHIGH, FL 33971

Address

1708 CAPE CORAL PKWY STE 3
CAPE CORAL, FL 33914

Address

6100 WINKLER RD
FT MYERS, FL 33919

Address

1110 LEE BLVD
LEHIGH ACRES, FL 33972

Address

10201 ARCOS AVE. STE 101
ESTERO, FL 33928

Address

9776 BONITA BEACH RD STE. 100
BONITA SPRINGS, FL 34135

Address

700 GOODLETTE RD
NAPLES, FL 34102

Address

6140 WINKLER RD STE A
FT MYERS, FL 33901-8005

Address

805 DEL PRADO BLVD
CAPE CORAL, FL 33990

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.

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