



DAVID LEON PICK

License Number: ME51760

Data As Of 4/7/2025

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|--|---|
| Profession | Medical Doctor |
| License | ME51760 |
| License Status | CLEAR/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 10/21/1987 |
| Address of Record | 2512 EAGLE RUN CIRCLE WESTON, FL 33327 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

12472 W. SUNRISE BLVD.
SUNRISE, FL 33323

Address

1642 TOWN CENTER CIRCLE
WESTON, FL 33326

Address

1642 Town Center Circle
WESTON, FL 33326

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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---------------------|--------------------------------------|-----------------------|---------|----------------|
| KIM, HANNAH SUNGEUN | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 19087 | 08/24/2022 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|--------------------------------|---------------------------------|---|---------|----------------|
| BOGDANOVA, ANNA L | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105154 | 6/29/2016 |
| BOGDANOVA, ANNA L | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105154 | 7/19/2016 |
| GOMEZ YATES, JESSICA GABRIELLE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106649 | 6/27/2016 |
| GOMEZ YATES, JESSICA GABRIELLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106649 | 7/8/2016 |
| GUERRERO, JORGE ALBERT | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104178 | 6/28/2016 |
| GUERRERO, JORGE ALBERT | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104178 | 6/28/2016 |
| MALAKOTI, DIYANA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103269 | 6/29/2016 |
| MALAKOTI, DIYANA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103269 | 6/28/2016 |
| STANLEY, ANTHONY GEORGE MD | DISPENSING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 77954 | 6/27/2016 |
| STEWART, MARKIRA OLGA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107494 | 6/23/2016 |
| STEWART, MARKIRA OLGA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107494 | 7/13/2016 |
| SUKHWANI, ARTI V | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100958 | 7/28/2016 |
| WEST BROWARD URGENT CARE LLC | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 3535 | 4/20/2010 |
| ZAPATA, DARIO HERMAN | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103082 | 6/23/2016 |
| ZAPATA, DARIO HERMAN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103082 | 7/6/2016 |

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