



DAVID IRA MINKOFF MD

License Number: ME56777

Data As Of 4/24/2026

| | |
|--|---|
| Profession | Medical Doctor |
| License | ME56777 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 12/13/1989 |
| Address of Record | 301 TURNER STREET CLEARWATER, FL 33756 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

[Address](#)

375 Turner
CLEARWATER, FL 33756

[Address](#)

1220 Turner
CLEARWATER, FL 33756

[Address](#)

1221 Turner St Suite 103
CLEARWATER, FL 33756

[Address](#)

201 TURNER STREET
CLEARWATER, FL 33756

[Address](#)

1227 Rogers
CLEARWATER, FL 33756

[Address](#)

1221 Rogers
CLEARWATER, FL 33756

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------|---------|----------------|------------|-------|-----------|--------------------|
| MINKOFF, DAVID IRA | 56777 | MEDICAL DOCTOR | CLEARWATER | FL | 199715802 | AFFIRMED ON APPEAL |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
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| MINKOFF, DAVID IRA | 56777 | MEDICAL DOCTOR | CLEARWATER | FL | 199715802 | 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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