



## DAVID IRA MINKOFF MD

### License Number: ME56777

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME56777
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
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

1221 Rogers  
CLEARWATER, FL 33756

#### Address

1227 Rogers  
CLEARWATER, FL 33756

#### Address

201 TURNER STREET  
CLEARWATER, FL 33756

#### Address

1221 Turner St Suite 103  
CLEARWATER, FL 33756

#### Address

1220 Turner  
CLEARWATER, FL 33756

#### Address

375 Turner  
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
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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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