



WILLIAM HUBERT KRANICHFELD JR

License Number: ME57914

Data As Of 4/7/2025

Profession	Medical Doctor
License	ME57914
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/03/1990
Address of Record	9780 SW 60 COURT MIAMI, FL 33156
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9915 NW 41 STREET BAPTIST MEDICAL PLAZA AT DORAL
MIAMI, FL 33178

Address

14701 NW 77TH AVENUE STREET BAPTIST MEDICAL PLAZA AT MIAMI LAKES
MIAMI, FL 33014

Address

4741 S UNIVERSITY DRIVE BAPTIST MEDICAL PLAZA AT DAVIE
DAVIE, FL 33328

Address

15885 PINES BLVD BAPTIST MED PLAZA AT PEMBROKE PINES
PEMBROKE PINES, FL 33027

Address

10 GIRALDA AVENUE CORAL GABLES UC (GUC)
CORAL GABLES, FL 33134

Address

1240 S DIXIE HWY UNIVERSITY UC (UUC)
CORAL GABLES, FL 33146

Address

2660 Brickell Ave Baptist Medical Plaza Brickell
MIAMI, FL 33129

Address

1642 TOWN CENTER CIRCLE BAPTIST HEALTH URGENT CARE - WESTON
WESTON, FL 33326

Address

12472 W. SUNRISE BLVD. BAPTIST HEALTH URGENT CARE-SUNRISE
SUNRISE, FL 33323

Address

5975 SUNSET DRIVE SUITE 402 CRITICARE CLINICS INC
MIAMI, FL 33143

Address

6200 SW 73rd Street South Miami Hospital
SOUTH MIAMI, FL 33143

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
ABREU, ALAN JOSEPH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115083	5/1/2024
AIRPORT MD	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3460	3/23/2010
BAVISKAR, POOJA PRAKASH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112760	9/21/2021
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
JIMENEZ, ANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112647	12/2/2020
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

Name	Relationship	Profession	Effective License Date
STEWART, MARKIRA OLGA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107494 7/14/2016
SUKHWANI, ARTI V	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100958 7/28/2016
ZAPATA, DARIO HERMAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082 6/23/2016
ZAPATA, DARIO HERMAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082 7/6/2016

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

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.