



### SCOTT STEVEN KATZMAN MD

License Number: ME65564

Data As Of 4/24/2026

Profession	Medical Doctor
License	ME65564
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/14/1994
Address of Record	3355 Burns Rd, Ste# 304 PALM BEACH GARDENS, FL 33410
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

[Address](#)

2215 Nebraska Ave Ste# 1C  
FORT PIERCE, FL 34950

[Address](#)

6150 METROWEST BLVD  
ORLANDO, FL 32835

[Address](#)

8501 SW 124th Ave. Ste# 108  
MIAMI, FL 33183

[Address](#)

499 E. CENTRAL PARKWAY SUITE 130  
ALTAMONTE SPRINGS, FL 32714

[Address](#)

3500 Tyler Street  
HOLLYWOOD, FL 33021

[Address](#)

652 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701

[Address](#)

3970 RCA BLVD SUITE #7004 / 7005  
PALM BEACH GARDENS, FL 33410

### Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
KATZMAN, SCOTT STEVEN	65564	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	201115871	OBLIGATION(S) SATISFIED
KATZMAN, SCOTT STEVEN	65564	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	201907964	OBLIGATION(S) SATISFIED

## Public Complaints

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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
KOW, NATHAN SHIAO-YUNG	SUPERVISOR	MEDICAL DOCTOR	138763	07/08/2019

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.

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