Florida HEALTH Department of Health

SCOTT STEVEN KATZMAN

License Number: ME65564

Data As Of 10/31/2026

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. SUITE 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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KATZMAN, SCOTT STEVEN	65564	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	201907964	AC FILED
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KATZMAN, SCOTT STEVEN	65564	MEDICAL DOCTOR	PALM BEACH GARDENS	FL	201115871	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.

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
ANDRADE, DENISE LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100997	10/27/2026

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

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