



## VINOD KUMAR MALIK MD

### License Number: ME69567

Data As Of 9/14/2025

Profession	Medical Doctor
License	ME69567
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	11/07/1995
Address of Record	1545 HAND AVENUE A1 ORMOND BEACH, FL 32174
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1165 DUNLAWTON AVE SUITE 101  
PORT ORANGE, FL 32127

#### Address

750 W. PLYMOUTH AVE SUITE B  
DELAND, FL 32720

#### Address

501 S ORANGE ST  
NEW SMYRNA BEACH, FL 32168

#### Address

21 HOSPITAL DRIVE SUITE 120  
PALM COAST, FL 32164

#### Address

761 STIRLING CENTER PL  
LAKE MARY, FL 32746

#### Address

2720 REBECCA LANE SUITE 104  
ORANGE CITY, FL 32763

### 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	License	Effective Date
PRC ASSOCIATES, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/8/2009
PRC ASSOCIATES, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/8/2009
PRC ASSOCIATES, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/8/2009
PRC ASSOCIATES, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/8/2009
PRC ASSOCIATES, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/8/2009
PRC ASSOCIATES, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3870	9/27/2010
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1452	3/16/2018
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1452	5/1/2012
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1455	3/16/2018
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1455	5/1/2012
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1586	5/9/2014
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1640	3/16/2018
PRC ASSOCIATES, LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1640	7/22/2015

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

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