

PRECY KUMAR

License Number: PA9103463

Data As Of 8/29/2025

Profession Physician Assistant

License PA9103463
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 09/16/2005
Address of Record 600 N HIATUS RD

SUITE 215

No

PEMBROKE PINES, FL 33026

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

7301 W PALMETTO PARK ROAD SUITE 105C BOCA RATON, FL 33433

Address

2901 Coral Hills Dr SUITE 310 CORAL SPRINGS, FL 33065

Address

1960 NE 47 ST SUITE 101 FORT LAUDERDALE, FL 33308

Address

7150 W 20 AVENUE SUITE 106

HIALEAH, FL 33016

Address

2699 Stirling Road STE B305 FT. LAUDERDALE, FL 33312

Address

100 NE 15 ST STE 104 HOMESTEAD, FL 33033

Address

9035 SUNSET DRIVE STE 202

MIAMI, FL 33173

Address

11880 SW 40 STREET SUITE 304C

MIAMI, FL 33175

Address

400 ARTHUR GODFREY ROAD STE 504

MIAMI BEACH, FL 33140

Address

9000 SW 137 AVENUE SUITE 213

MIAMI, FL 33186

Address

1290 WESTON ROAD SUITE 300

WESTON, FL 33327

Address

21150 BISCAYNE BLVD SUITE 408

AVENTURA, FL 33180

Address

350 NW 84TH AVENUE FLORIDA CTR FOR ALLERGY AND ASTHMA CARE

PLANTATION, FL 33324

Address

14411 S DIXIE HIGHWAY SUITE 223

PALMETTO BAY, FL 33176

Address

475 BILTMORE WAY., SUITE 311 FLORIDA CENTER FOR ALLERGY & ASTHMA CARE

CORAL GABLES, FL 33134

Address

16401 NW 2 AVE., SUITE 204 FLORIDA CENTER FOR ALLERGY & ASTHMA CARE

MIAMI, FL 33169

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.

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