



ANTHONY TAYCER HASAN MD

License Number: ME78230

Data As Of 8/16/2025

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| Profession | Medical Doctor |
| License | ME78230 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 06/07/1999 |
| Address of Record | 1645 Sw 107th ave Suite 114G, MIAMI, FL 33165 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

2750 SW 145th ave Suite 310
MIRAMAR, FL 33027

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------|---------|-------------------|-------|-------|-----------|----------------------------|
| HASAN, ANTHONY TAYCER | 78230 | MEDICAL DOCTOR | MIAMI | FL | 201104243 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------|---------|-------------------|-------|-------|-----------|--------------|
| HASAN, ANTHONY TAYCER | 78230 | MEDICAL DOCTOR | MIAMI | FL | 201104243 | 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.

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---------------------|-----------------------|------------------------------------|---------|----------------|
| KING, JAMES MICHAEL | OFFICE SURGERY CENTER | ADVANCED PRACTICE REGISTERED NURSE | 9357043 | 3/8/2024 |

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

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