Florida HEALTH Department of Health

KINGSLEY RICHARD CHIN MD

License Number: ME90952

Data As Of 11/12/2026

Profession	Medical Doctor
License	ME90952
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	07/14/2004
Address of Record	6550 N. FEDERAL HIGHWAY STE 510 FORT LAUDERDALE, FL 33308
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

3228 NE 16TH CT

FORT LAUDERDALE, FL 33305

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
CHIN, KINGSLEY RICHARD	90952	MEDICAL DOCTOR	FORT LAUDERDALE	FL	202226655	OBLIGATION(S) SATISFIED
CHIN, KINGSLEY RICHARD	90952	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201942272	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CHIN, KINGSLEY RICHARD	90952	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201942272	AC FILED
CHIN, KINGSLEY RICHARD	90952	MEDICAL DOCTOR	FORT LAUDERDALE	FL	202536984	AC FILED
CHIN, KINGSLEY RICHARD	90952	MEDICAL DOCTOR	FORT LAUDERDALE	FL	202226655	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
BACHMAN, KIMBERLY JOHNSEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3013	10/20/2026

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

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