Florida HEALTH Department of Health

PAUL MICHAEL GOLDBERG

License Number: ME93957

Data As Of 11/18/2026

Profession	Medical Doctor
License	ME93957
License Status	Obligations/Active
License Expiration Date	1/31/2028
License Original Issue Date	08/01/2005
Address of Record	5040 NW 7th St. Suite 714 MIAMI, FL 33126
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address
1006 E. Hallandale Beach Blvd 4-204
HALLANDALE BEACH, FL 33009

Address
40 SW 13th St. Suite 405
MIAMI, FL 33130

Address
118 NE 2nd St.
BOCA RATON, FL 33432

Address
465 NE 30th St. Unit 8
MIAMI, FL 33137

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GOLDBERG, PAUL MICHAEL	93957	MEDICAL DOCTOR	MIAMI	FL	200816514	SUSPENSION SATISFIED
GOLDBERG, PAUL MICHAEL	93957	MEDICAL DOCTOR	MIAMI	FL	200816514	SUSPENSION SATISFIED
GOLDBERG, PAUL MICHAEL	93957	MEDICAL DOCTOR	MIAMI	FL	200816514	SUSPENSION SATISFIED
GOLDBERG, PAUL MICHAEL	93957	MEDICAL DOCTOR	MIAMI	FL	201112862	RESTRICTED FROM PRACTICE

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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
ALVAREZ, JULIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108962	10/19/2021
ANGRINO, TATIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113586	11/15/2023
FINE AND FIT MEDSPA	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY		9/24/2026
MONACO, CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112428	10/21/2026
MOONEY, ALEXANDRA MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112854	9/10/2026
SINACORI, JOSEPH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112429	10/21/2026
VENUS HEALTH BEAUTY CENTER	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1741	10/4/2024

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

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