



SYED HASAN ABID

License Number: ME93983

Data As Of 7/22/2025

Profession	Medical Doctor
License	ME93983
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	08/03/2005
Address of Record	5000 Park Street North 5000 PARK ST N SUITE 1017 Comprehensive Hematology Oncology LLC SAINT PETERSBURG, FL 33709-2236
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1345 West Bay Drive Comprehensive Hematology Oncology LLC Suite 401/402
LARGO, FL 33770

Address

425 South Parsons Ave Comprehensive Hematology Oncology LLC Suite 101
BRANDON, FL 33511-5963

Address

3611 Little Road Comprehensive Hematology Oncology LLC
TRINITY, FL 34655-1813

Address

603 Seventh Street South Comprehensive Hematology Oncology LLC Suite 560
SAINT PETERSBURG, FL 33701-4732

Address

4114 Woodlands Parkway Comprehensive Hematology Oncology LLC Suite 301
PALM HARBOR, FL 34685-3450

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
FLORIDA CANCER SPECIALISTS, P.L.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1725	1/28/2009

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

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