



## STEVEN ADAM BURACK

License Number: OS9851

Data As Of 4/25/2026

Profession	Osteopathic Physician
License	OS9851
License Status	DELINQUENT/
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	06/21/2006
Address of Record	7839 Cummings Lane BOCA RATON, FL 33433
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

[Address](#)

85 Grand canal Dr #102 F  
MIAMI, FL 33144

[Address](#)

10661 N Kendall Dr STE 104  
MIAMI, FL 33176

[Address](#)

2126 North Flamingo road  
COOPER CITY, FL 33026

[Address](#)

15300 Jog road suite 108  
DELRAY BEACH, FL 33446

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BURACK, STEVEN ADAM	9851	OSTEOPATHIC PHY	BOCA RATON	FL	202449591	SUSPENSION

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BURACK, STEVEN ADAM	9851	OSTEOPATHIC PHYSICIAN	BOCA RATON	FL	202449591	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
DAVIS, DERRICK ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103680	12/1/2022

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### Address

85 Grand canal Dr #102 F  
MIAMI, FL 33144

### Address

10661 N Kendall Dr STE 104  
MIAMI, FL 33176

### Address

2126 North Flamingo road  
COOPER CITY, FL 33026

### Address

15300 Jog road suite 108  
DELRAY BEACH, FL 33446

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BURACK, STEVEN ADAM	9851	OSTEOPATHIC PHY	BOCA RATON	FL	202449591	SUSPENSION

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BURACK, STEVEN ADAM	9851	OSTEOPATHIC PHYSICIAN	BOCA RATON	FL	202449591	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
DAVIS, DERRICK ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103680	12/1/2022

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.