



ROBERT RAOUF ABRAHAM

License Number: CH12000

Profession	Chiropractic Physician
License Status	DELINQUENT/
Year Began Practicing	09/23/2016
License Expiration	03/31/2026
Date	

General Information

Primary Practice Address

ROBERT RAOUF ABRAHAM
1954 W STATE ROAD 426 STE 1112
OVIEDO, FL 32765

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

Email Address

Please contact at: robertrabraham@gmail.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
PALMER COLLEGE OF CHIROPRACTIC - WEST	DOCTOR OF	7/8/2013 - 9/23/2016	09/23/2016

Other Health Related Degrees

The practitioner did not provide this mandatory information.

Professional and Postgraduate Training

The practitioner did not provide this mandatory information.

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), F.S., from a risk retention group as defined under s.627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DRIVING UNDER THE INFLUENCE	10/16/2010	FLORIDA	NO	NOT CORROBORATED	

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	03/06/2023	OBLIGATIONS IMPOSED	
FLORIDA DEPARTMENT OF HEALTH	08/17/2023	SUSPENSION	NO
FLORIDA DEPARTMENT OF HEALTH	05/28/2025	SUSPENSION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	3/16/2023	3/15/2025		\$ 7,500.00	\$ 0.00
PRACTICE RESTRICTION	3/16/2023			\$ 0.00	\$ 0.00
PAYMENT PLAN	3/16/2023	3/15/2024		\$ 0.00	\$ 0.00
PAYMENT PLAN	3/16/2023	9/15/2024		\$ 0.00	\$ 0.00
PAYMENT PLAN	3/16/2023	3/15/2025		\$ 0.00	\$ 0.00
PAYMENT PLAN	3/16/2023	9/15/2023		\$ 0.00	\$ 0.00
COSTS	3/16/2023	3/15/2024		\$ 4,726.35	\$ 0.00
CE: ETHICS AND BOUNDARIES		3/15/2024		\$ 0.00	\$ 0.00
CE: LAWS AND RULES		3/15/2024		\$ 0.00	\$ 0.00

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
BOARD MEETING ATTENDANCE	9/18/2023			\$ 0.00	\$ 0.00
FINE	9/18/2023	9/17/2024		\$ 1,000.00	\$ 0.00
COSTS	9/18/2023	9/17/2024		\$ 106.19	\$ 0.00
CE: DOCUMENTATION		9/17/2024		\$ 0.00	\$ 0.00
CE: FLORIDA LAWS AND RULES		9/17/2024		\$ 0.00	\$ 0.00
COMPLY WITH PREVIOUS ORDER	5/28/2025			\$ 0.00	\$ 0.00
APPEARANCES	6/3/2025			\$ 0.00	\$ 0.00
PETITION FOR REINSTATEMENT	5/28/2025			\$ 0.00	\$ 0.00
FINE	5/28/2025	6/2/2026		\$ 1,000.00	\$ 0.00
COSTS	5/28/2025	6/2/2026		\$ 1,346.79	\$ 0.00
SUBSEQUENT ORDER	6/3/2025			\$ 0.00	\$ 0.00
CE: FLORIDA LAWS AND RULES RE		6/2/2026		\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding \$5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.
