# **GABRIEL BETANCOURT**

## License Number: OS11826

Data As Of 11/21/2025

Profession Osteopathic Physician

License Status Clear/Active
License Expiration Date 3/31/2026
License Original Issue Date 07/25/2012

Address of Record Vohra Post-Acute Physicians

3601 SW 160th Ave. MIRAMAR, FL 33027

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

Medical and Mental Services 777 East 25th St. #212

HIALEAH, FL 33013

#### Address

7430 SW 128th Ave.

MIAMI, FL 33183

## Address

Bio-Cell Wellness Group 8725 NW 18th Terrace #105

MIAMI, FL 33172

## Address

2946 S. University Dr. #7205 DAVIE, FL 33328-1458

#### Address

Kendall Lakes Health and Rehab 5280 SW 157th Ave.

MIAMI, FL 33185

#### Address

Wilton Manors Health and Rehab 2675 N Andrews Ave.

FT. LAUDERDALE, FL 33311

## Address

Celsius Vitality Center 2820 NE 214th St. 8th Floor Suite 810

AVENTURA, FL 33180

#### Address

Family Quality Health 5881 NW 151st St. #211

MIAMI LAKES, FL 33014

#### Address

Hope Medical Center 6500 W. 4th Ave. #9

HIALEAH, FL 33012

## Address

Harmony Community Center 14865 S. Dixie Hwy.

MIAMI, FL 33176

## Address

Vibrance 1401 SW 87th Ave.

MIAMI. FL 33174

Address

Lago Medical Center 11055 SW 186th St.

CUTLER BAY, FL 33157

#### Address

Multi Health Community Center 3898 W. Flagler St.

CORAL GABLES, FL 33134-1614

# 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
KARDON, LAURIE ANN M D	SUPER-DOSUBORDINATE	MEDICAL DOCTOR	66557	8/6/2016

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.