



## GABRIEL BETANCOURT

License Number: OS11826

Data As Of 4/21/2026

Profession	Osteopathic Physician
License	OS11826
License Status	Clear/Active
License Expiration Date	3/31/2028
License Original Issue Date	07/25/2012
Address of Record	Vohra Post-Acute Physicians 3601 SW 160th Ave. MIRAMAR, FL 33027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

Multi Health Community Center 3898 W. Flagler St.  
CORAL GABLES, FL 33134-1614

### Address

Lago Medical Center 11055 SW 186th St.  
CUTLER BAY, FL 33157

### Address

Vibrance 1401 SW 87th Ave.  
MIAMI, FL 33174

### Address

Harmony Community Center 14865 S. Dixie Hwy.  
MIAMI, FL 33176

### Address

Hope Medical Center 6500 W. 4th Ave. #9  
HIALEAH, FL 33012

### Address

Family Quality Health 5881 NW 151st St. #211  
MIAMI LAKES, FL 33014

### Address

Celsius Vitality Center 2820 NE 214th St. 8th Floor Suite 810  
AVENTURA, FL 33180

### Address

Wilton Manors Health and Rehab 2675 N Andrews Ave.  
FT. LAUDERDALE, FL 33311

### Address

Kendall Lakes Health and Rehab 5280 SW 157th Ave.  
MIAMI, FL 33185

### Address

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

### Address

Bio-Cell Wellness Group 8725 NW 18th Terrace #105  
MIAMI, FL 33172

### Address

7430 SW 128th Ave.  
MIAMI, FL 33183

[Address](#)

Medical and Mental Services 777 East 25th St. #212  
HIALEAH, FL 33013

## 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
AS LASER DELUXE LLC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1917	1/28/2026
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

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