



S.M. ATIQR RAHMAN

License Number: ME115118

Data As Of 8/21/2025

Profession	Medical Doctor
License	ME115118
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	02/07/2013
Address of Record	2750 CORAL WAY CORAL GABLES, FL 33145
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

4001 SW 72ND AVENUE
MIAMI, FL 33155

Address

2272 N CONGRESS AVE
BOYNTON BEACH, FL 33437

Address

6240 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33079

Address

6699 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33437

Address

2502 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

Address

5216 N. FEDERAL HWY
FT LAUDERDALE, FL 33308

Address

***** *** CONFIDENTIAL *** *** CONFIDENTIAL *** *** CONFIDENTIAL ***
*** CONFIDENTIAL *** , ** *****

Address

7035 BERACASA WAY
BOCA RATON, FL 33433

Address

7007 W BROWARD BLVD
PLANTATION, FL 33317

Address

4570 LANTANA ROAD
LAKE WORTH, FL 33467

Address

11551 SOUTHERN BLVD.
ROYAL PALM BEACH, FL 33411

Address

1770 NE MIAMI GARDEN DRIVE UNIT 1
NORTH MIAMI BEACH, FL 33179

[Address](#)

10081 W OAKLAND PARK BLVD.
SUNRISE, FL 33351

[Address](#)

6868 FOREST HILL BLVD.
GREENACRES, FL 33413

[Address](#)

9650 PINES BLVD.
PEMBROKE PINES, FL 33024

[Address](#)

6300 N. ANDREWS AVE
FT LAUDERDALE, FL 33309

[Address](#)

3470 NW 62ND AVE
MARGATE, FL 33063

[Address](#)

12555 Biscayne Blvd
NORTH MIAMI, FL 33181

[Address](#)

18851 S. DIXIE HWY
CUTLER BAY, FL 33157

[Address](#)

601 LINTON BLVD.
DELRAY BEACH, FL 33444

[Address](#)

9060 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

[Address](#)

4036 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

[Address](#)

2007 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33409

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	SUBORDINATE	MEDICAL DOCTOR	66557	8/9/2016

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

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