

**S.M. ATIQU R RAHMAN****License Number: ME115118***Data As Of 1/10/2026*

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**

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\*\*\* 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

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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