NICOLE ROSE OFFENBERG

License Number: PA9108441

Data As Of 8/20/2025

Profession Physician Assistant

License PA9108441

License Status Clear/Active

Qualifications Prescribing

License Expiration Date 1/31/2026

License Original Issue Date 12/17/2014

Address of Record 2007 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

6240 CORAL RIDGE DR. CORAL SPRINGS, FL 33076

Address

2502 N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064

Address

5216 N. FEDERAL HWY FT LAUDERDALE, FL 33308

Address

6868 FOREST HILL BLVD GREENACRES, FL 33413

Address

9650 PINES BLVD

PEMBROKE PINES, FL 33024

Address

2007 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

Address

1770 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH, FL 33317

Address

10081 W. OAKLAND PARK BLVD SUNRISE, FL 33351

Address

6300 N. ANDREWS AVE FT LAUDERDALE, FL 33309

Address

7036 BERACASA WAY BOCA RATON, FL 33433

Address

6699 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437

Address

3470 N.W. 62ND AVE MARGATE, FL 33063

Address

2272 N. CONRESS AVE

BOYNTON BEACH, FL 33426

Address

11551 SOUTHERN BLVD

ROYAL PALM BEACH, FL 33411

Address

9060 N. MILITARY TRAIL

PALM BEACH GARDENS, FL 33410

Address

4036 W. HILLSBORO BLVD

DEERFIELD BEACH, FL 33442

Address

12555 C BISCAYNE BLVD

NORTH MIAMI BEACH, FL 33181

Address

4570 LANTANA RD

LAKE WORTH, FL 33463

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
WALKER, YVONNE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	164401	06/06/2025
WORZEL, KAREN MARIE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11508	03/27/2024

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

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