



## ANDREI PAUL GHERGHINA

### License Number: OS14108

Data As Of 4/24/2025

Profession	Osteopathic Physician
License	OS14108
License Status	CLEAR/Active
License Expiration Date	3/31/2026
License Original Issue Date	07/01/2016
Address of Record	10151 Enterprise Center Blvd Suite 204 BOYNTON BEACH, FL 33437
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

8964 SW 72nd Ct  
MIAMI, FL 33156

[Address](#)

2702 N Federal Hwy  
DELRAY BEACH, FL 33483

[Address](#)

921 SE 17th St Unit B-2  
FT LAUDERDALE, FL 33316

[Address](#)

4400 N Federal Hwy Suite 150  
BOCA RATON, FL 33431

[Address](#)

201 N University Drive Suite 114  
PLANTATION, FL 33324

[Address](#)

620 Linton Blvd Suite 210  
DELRAY BEACH, FL 33444

[Address](#)

5270 Donald Ross Rd Suite 100  
PALM BEACH GARDENS, FL 33418

[Address](#)

2980 NE 207th St Suite 111  
AVENTURA, FL 33180

[Address](#)

1800 Bay Rd Suite 102  
MIAMI BEACH, FL 33139

[Address](#)

1750 N University Dr Ste 1  
CORAL SPRINGS, FL 33071

### 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.

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.