



MAIKEL SEGUI

License Number: DN16491

Data As Of 9/13/2025

Profession	Dentist
License	DN16491
License Status	Clear/Active
Qualifications	General/Deep Sedation
License Expiration Date	2/28/2026
License Original Issue Date	07/21/2003
Address of Record	1500 North University Dr. SUITE 212 CORAL SPRINGS, FL 33071
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

13889 WELLINGTON TRACE suite A-5
WELLINGTON, FL 33414

Address

6626 HYPOLUXO RD UNIT A1
LAKE WORTH, FL 33467

Address

1790 CONGRESS AVENUE suite 100
BOYNTON BEACH, FL 33426

Address

500 N. Hiatus Rd., Ste 109
PEMBROKE PINES, FL 33026

Address

13722 JOG RD suite B
DELRAY BEACH, FL 33446

Sedation Location

13889 Wellington Trace suite A-5
WELLINGTON, FL 33414

Sedation Location

1790 CONGRESS AVENUE UNIT 100
BOYNTON BEACH, FL 33426

Sedation Location

6626 HYPOLUXO RD UNIT A1
LAKE WORTH, FL 33467

Sedation Location

500 N. Hiatus Rd., Ste 109
PEMBROKE PINES, FL 33026

Sedation Location

13722 JOG RD suite B
DELRAY BEACH, FL 33446

Sedation Location

1500 North University Dr. suite 212
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.