Florida HEALTH Department of Health

TIMOTHY ALLEN ALEXANDER

License Number: ME35285

Data As Of 11/20/2026

Profession	Medical Doctor
License	ME35285
License Status	DELINQUENT/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/11/1979
Address of Record	915 Middle River Dr Suite 213 FORT LAUDERDALE, FL 33304
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

3230 N 36 St

HOLLYWOOD, FL 33021

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	199611390	FINE AND LETTER OF CONCERN
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	199211508	OBLIGATIONS IMPOSED
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	202223380	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	202223380	AC FILED

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
COSMETIC SURGERY CENTER OF SOUTH FLORIDA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2576	3/16/2009

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

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.

Secondary Locations

Address

3230 N 36 St

HOLLYWOOD, FL 33021

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	199611390	FINE AND LETTER OF CONCERN
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	199211508	OBLIGATIONS IMPOSED
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	202223380	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ALEXANDER, TIMOTHY ALLEN	35285	MEDICAL DOCTOR	FORT LAUDERDALE	FL	202223380	AC FILED

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
COSMETIC SURGERY CENTER OF SOUTH FLORIDA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2576	3/16/2009

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

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.