



## BART K GERSHENBAUM D.O.

### License Number: OS4663

Data As Of 6/6/2025

Profession	Osteopathic Physician
License	OS4663
License Status	DECEASED/
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2022
License Original Issue Date	07/05/1984
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

220 220 SW 84th AVE SUITE 201 PLANTATION  
PLANTATION, FL 33324

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GERSHENBAUM, BART K	4663	OSTEOPATHIC PHY	PLANTATION	FL	200000113	OBLIGATION(S) SATISFIED
GERSHENBAUM, BART K	4663	OSTEOPATHIC PHY	PLANTATION	FL	200421313	OBLIGATION(S) SATISFIED
GERSHENBAUM, BART K	4663	OSTEOPATHIC PHY	PLANTATION	FL	201019888	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GERSHENBAUM, BART K	4663	OSTEOPATHIC PHYSICIAN	PLANTATION	FL	200421313	AC FILED
GERSHENBAUM, BART K	4663	OSTEOPATHIC PHYSICIAN	PLANTATION	FL	200000113	AC FILED
GERSHENBAUM, BART K	4663	OSTEOPATHIC PHYSICIAN	PLANTATION	FL	201019888	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.

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.

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