



JEFFREY HOWARD BELABIN

License Number: PA9101384

Data As Of 4/20/2026

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|--|--|
| Profession | Physician Assistant |
| License | PA9101384 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 08/22/2000 |
| Address of Record | 5673 coral ridge dr CORAL SPRINGS, FL 33076 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

[Address](#)

4450 North State Road 7 Suite 1
COCONUT CREEK, FL 33073

[Address](#)

1611 South Federal Highway
POMPANO BEACH, FL 33062

[Address](#)

10251 West Commercial Blvd
SUNRISE, FL 33351

[Address](#)

784 SE Prima Vista Blvd
PORT SAINT LUCIE, FL 34952

[Address](#)

1820 58th Avenue Unit 110
VERO BEACH, FL 32966

[Address](#)

1205 North University Drive
CORAL SPRINGS, FL 33071

[Address](#)

8756 Boynton Beach Blvd Suite 150
BOYNTON BEACH, FL 33472

[Address](#)

18203 Pines Blvd
PEMBROKE PINES, FL 33029

[Address](#)

129 S State Road 7 Suite 401
WEST PALM BEACH, FL 33414

[Address](#)

18706 NW 67th Avenue
HIALEAH, FL 33015

[Address](#)

115 East Park Drive 300
BRENTWOOD, TN 37027

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 |
|------------------------|-------------------------------------|----------------|---------|----------------|
| HENDRIX, TIMOTHY WAYNE | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 65142 | 10/02/2017 |
| KRISHTUL, ALEXANDER | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 111303 | 01/26/2022 |

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

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