



## FADI ELIAS SABA

### License Number: ME71448

Data As Of 4/25/2026

Profession	Medical Doctor
License	ME71448
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	09/04/1996
Address of Record	1839 CENTRAL AVENUE ST PETERSBURG, FL 33713
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

6336 Fort King Road  
ZEPHYRHILLS, FL 33542

#### Address

10875 Park Blvd N  
SEMINOLE, FL 33772

#### Address

6502 Park Blvd  
PINELLAS PARK, FL 33781

#### Address

5880 49th St N Suite 101  
SAINT PETERSBURG, FL 33709

#### Address

8133 54th Avenue N  
ST PETERSBURG, FL 33709

#### Address

3001 N Rocky Point Dr Youthful Reflection, Ste 217  
TAMPA, FL 33607

#### Address

6908 WEST LINEBAUGH AVE  
TAMPA, FL 33625

#### Address

9210 4TH STREET NORTH  
SAINT PETERSBURG, FL 33702

### 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.

## Subordinate Practitioners

Name	Relationship	Profession	Effective License Date
FSCS LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2/3/2009
KORBAJ, ERIKA REZENDE FONSECA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115903 5/10/2022
REYES, STEVEN ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106105 10/21/2020
THOMAS, CRYSTAL DIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108444 10/15/2015

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

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