



PRECY KUMAR

License Number: PA9103463

Data As Of 9/13/2025

Profession	Physician Assistant
License	PA9103463
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/16/2005
Address of Record	600 N HIATUS RD SUITE 215 PEMBROKE PINES, FL 33026
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

7301 W PALMETTO PARK ROAD SUITE 105C
BOCA RATON, FL 33433

Address

2901 Coral Hills Dr SUITE 310
CORAL SPRINGS, FL 33065

Address

1960 NE 47 ST SUITE 101
FORT LAUDERDALE, FL 33308

Address

7150 W 20 AVENUE SUITE 106
HIALEAH, FL 33016

Address

2699 Stirling Road STE B305
FT. LAUDERDALE , FL 33312

Address

100 NE 15 ST STE 104
HOMESTEAD, FL 33033

Address

9035 SUNSET DRIVE STE 202
MIAMI, FL 33173

Address

11880 SW 40 STREET SUITE 304C
MIAMI, FL 33175

Address

400 ARTHUR GODFREY ROAD STE 504
MIAMI BEACH, FL 33140

Address

9000 SW 137 AVENUE SUITE 213
MIAMI, FL 33186

Address

1290 WESTON ROAD SUITE 300
WESTON, FL 33327

Address

21150 BISCAYNE BLVD SUITE 408
AVENTURA, FL 33180

Address

350 NW 84TH AVENUE FLORIDA CTR FOR ALLERGY AND ASTHMA CARE
PLANTATION, FL 33324

Address

14411 S DIXIE HIGHWAY SUITE 223
PALMETTO BAY, FL 33176

Address

475 BILTMORE WAY., SUITE 311 FLORIDA CENTER FOR ALLERGY & ASTHMA CARE
CORAL GABLES, FL 33134

Address

16401 NW 2 AVE., SUITE 204 FLORIDA CENTER FOR ALLERGY & ASTHMA CARE
MIAMI, FL 33169

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.

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