



DAVID GOLDFINGER

License Number: ME77904

Data As Of 1/31/2026

Profession	Medical Doctor
License	ME77904
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	05/05/1999
Address of Record	PALMS WEST HOSPITAL 13001 SOUTHERN BLVD LOXAHATCHEE, FL 33470
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1613 NORTH HARRISON PARKWAY SUITE 200 SHERIDAN HEALTHCORP
SUNRISE, FL 33323

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	License	Effective Date
KIELISZEK, CONRAD M	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	416	3/12/2024
WARNER, KIERA	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	771	8/15/2024

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

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