



TODD ALAN WELLIVER M.D.

License Number: ME92061

Data As Of 7/6/2025

Profession	Medical Doctor
License	ME92061
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	11/23/2004
Address of Record	11551 SOUTHERN BLVD. ROYAL PALM BEACH, FL 33411
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

6300 N ANDREW AVENUE
FT LAUDERDALE, FL 33309

Address

2007 PALM BEACH LAKES BLVD. MD NOW
WEST PALM BCH, FL 33409

Address

9650 PINES BLVD
PEMBROKE PINES, FL 33024

Address

10081 W OAKLAND PARK
SUNRISE, FL 33351

Address

7007 W BROWARD BLVD
PLANTATION, FL 33317

Address

1770 NE MIAMI GARDENS DR UNIT 1
NORTH MIAMI BEACH, FL 33179

Address

6868 FOREST HILL BLVD
GREEN ACRES, FL 33413

Address

4036 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

Address

6240 CORAL RIDGE DRIVE #105
CORAL SPRINGS, FL 33076

Address

9060 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Address

2272 N. CONGRESS AVE
BOYNTON BEACH, FL 33426

Address

7035 BERACASA WAY
BOCA RATON, FL 33433

Address

4570 LANTANA ROAD SUITE 233
LAKE WORTH, FL 33463

Address

4714 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33417

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
MOSCOVITCH, CIDNEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117545	1/14/2024
VALLE, HECTOR ANDRES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112442	11/18/2024
ZULUAGA, MAURICIO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117007	1/14/2024

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

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