



## STEVEN ADAM BURACK

### License Number: OS9851

Data As Of 7/6/2025

|  |  |
|--|--|
| Profession   | Osteopathic Physician                      |
| License  | OS9851                                     |
| License Status   | Clear/Active                               |
| Qualifications   | Dispensing Practitioner                    |
| License Expiration Date  | 3/31/2026                                  |
| License Original Issue Date  | 06/21/2006                                 |
| Address of Record  | 7839 Cummings Lane<br>BOCA RATON, FL 33433 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | Yes  |
| Discipline on File   | No   |
| Public Complaint   | Yes  |

### Secondary Locations

#### Address

85 Grand canal Dr #102 F  
MIAMI, FL 33144

#### Address

10661 N Kendall Dr STE 104  
MIAMI, FL 33176

#### Address

2126 North Flamingo road  
COOPER CITY, FL 33026

#### Address

15300 Jog road suite 108  
DELRAY BEACH, FL 33446

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

### Public Complaints

| Name                | License | Profession               | City       | State | Case #    | Action Taken |
|---------------------|---------|--------------------------|------------|-------|-----------|--------------|
| BURACK, STEVEN ADAM | 9851    | OSTEOPATHIC<br>PHYSICIAN | BOCA RATON | FL    | 202449591 | AC FILED     |

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

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 |
|------------------------|---------------------------------|------------------------|---------|----------------|
| DAVIS, DERRICK ANTHONY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT    | 9103680 | 12/1/2022      |
| DIET DOCTOR INC.       | PAIN MANAGEMENT CLINIC          | PAIN MANAGEMENT CLINIC | 1581    | 6/23/2025      |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.