



Yael Eva Kushner

License Number: PA9106870

Data As Of 5/13/2025

Profession	Physician Assistant
License	PA9106870
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/25/2012
Address of Record	1960 NE 47 Street Suite 101 FT LAUDERDALE, FL 33308
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2901 CORAL HILLS DRIVE SUITE 310
CORAL SPRINGS, FL 33065

Address

2699 STIRLING ROAD SUITE B305
FT LAUDERDALE, FL 33312

Address

7150 W. 20 AVENUE SUITE 106
HIALEAH, FL 33016

Address

9035 SUNSET DRIVE SUITE 202
MIAMI, FL 33173

Address

100 NW 15 ST. SUITE 104
HOMESTEAD, FL 33021

Address

11880 SW 40 ST. SUITE 304C
MIAMI, FL 33175

Address

400 ARTHUR GODFREY RD. SUITE 504
MIAMI BEACH, FL 33140

Address

16401 NW 2 AVE. SUITE 204
MIAMI, FL 33169

Address

14411 S. DIXIE HIGHWAY SUITE 223
PALMETTO BAY, FL 33176

Address

600 N. HIATUS RD. SUITE 215
PEMBROKE PINES, FL 33026

Address

350 NW 84 AVE. SUITE 205
PLANTATION, FL 33324

[Address](#)

9000 SW 137 AVE. SUITE 213
MIAMI, FL 33186

[Address](#)

1290 WESTON RD SUITE 300
WESTON, FL 33327

[Address](#)

21150 BISCAYNE BLVD. SUITE 408
AVENTURA, FL 33180

[Address](#)

7301 W. PALMETTO PARK RD. SUITE 105
BOCA RATON, FL 33433

[Address](#)

475 BILTMORE WAY SUITE 311
CORAL GABLES, FL 33134

[Address](#)

1397 Medical Park Blvd Suite 400
WELLINGTON, FL 33414

[Address](#)

3365 Burns Road Suite 206
PALM BEACH GARDENS, FL 33410

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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