TANISHA N MAZE

License Number: OS10666

Data As Of 4/29/2025	
Profession	Osteopathic Physician
License	OS10666
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	05/22/2009
Address of Record	4725 N FEDERAL HWY
	FT LAUDERDALE, FL 33308
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Authorized to Order (Medical and	Yes
Low-THC Cannabis)	
Discipline on File	No
Public Complaint	No
Secondary Locations	
Address	
1642 TOWN CENTER CIRCLE	
WESTON, FL 33326	
Address	
1240 S DIXIE HWY.	
CORAL GABLES, FL 33146	
Address	
6264 W SAMPLE ROAD #100	
CORAL SPRINGS, FL 33067	
Address	
2660 BRICKELL AVE.	
BRICKELL, FL 33129	
Address	
10 Giralda Ave.	
CORAL GABLES, FL 33134	
Address	
15885 PINES BLVD.	

15885 PINES BLVD. PEMBROKE PINES, FL 33027

Address

****** *** CONFIDENTIAL *** *** CONFIDENTIAL *** CONFIDENTIAL ***

*** CONFIDENTIAL ***, ** *****

Address

4741 S UNIVERSITY DR. DAVIE, FL 33328

Address

15885 PINES BLVD. PEMBROKE PINES, FL 33027

Address

12472 W SUNRISE BLVD. SUNRISE, FL 33323 Address 10 GIRALDA AVE.

CORAL GABLES, FL 33134

Address

4741 S UNIVERSITY DR.

DAVIE. FL 33328

Address

2660 Brickell Ave. BRICKELL, FL 33231

Address

14701 NW 77 AVE. MIAMI LAKES, FL 33014

Address

14701 NW 77 AVE. MIAMI LAKES, FL 33014

Address

6264 W Samp Road #100 CORAL SPRINGS, FL 33067

Address

1642 TOWN CENTER CIR. WESTON, FL 33326

Address

1240 S DIXIE HWY. CORAL GABLES, FL 33146

Address

12472 W SUNRISE BLVD. SUNRISE, FL 33323 Address 9915 NW 41 STREET

DORAL, FL 33178

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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