



GABRIEL BETANCOURT

License Number: OS11826

Data As Of 7/26/2025

Profession	Osteopathic Physician
License	OS11826
License Status	Clear/Active
License Expiration Date	3/31/2026
License Original Issue Date	07/25/2012
Address of Record	Vohra Post-Acute Physicians 3601 SW 160th Ave. MIRAMAR, FL 33027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

Lago Medical Center 11055 SW 186th St.
CUTLER BAY, FL 33157

[Address](#)

Vibrance 1401 SW 87th Ave.
MIAMI, FL 33174

[Address](#)

Harmony Community Center 14865 S. Dixie Hwy.
MIAMI, FL 33176

[Address](#)

Hope Medical Center 6500 W. 4th Ave. #9
HIALEAH, FL 33012

[Address](#)

Family Quality Health 5881 NW 151st St. #211
MIAMI LAKES, FL 33014

[Address](#)

Celsius Vitality Center 2820 NE 214th St. 8th Floor Suite 810
AVENTURA, FL 33180

[Address](#)

Wilton Manors Health and Rehab 2675 N Andrews Ave.
FT. LAUDERDALE, FL 33311

[Address](#)

Kendall Lakes Health and Rehab 5280 SW 157th Ave.
MIAMI, FL 33185

[Address](#)

2946 S. University Dr. #7205
DAVIE, FL 33328-1458

[Address](#)

Bio-Cell Wellness Group 8725 NW 18th Terrace #105
MIAMI, FL 33172

[Address](#)

7430 SW 128th Ave.
MIAMI, FL 33183

[Address](#)

Medical and Mental Services 777 East 25th St. #212
HIALEAH, FL 33013

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
KARDON, LAURIE ANN M D	SUPER-DOSUBORDINATE	MEDICAL DOCTOR	66557	8/6/2016

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

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