



NICOLE ROSE OFFENBERG

License Number: PA9108441

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9108441
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	12/17/2014
Address of Record	2007 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

6240 CORAL RIDGE DR.
CORAL SPRINGS, FL 33076

[Address](#)

2502 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

[Address](#)

5216 N. FEDERAL HWY
FT LAUDERDALE, FL 33308

[Address](#)

6868 FOREST HILL BLVD
GREENACRES, FL 33413

[Address](#)

9650 PINES BLVD
PEMBROKE PINES, FL 33024

[Address](#)

2007 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

[Address](#)

1770 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH, FL 33317

[Address](#)

10081 W. OAKLAND PARK BLVD
SUNRISE, FL 33351

[Address](#)

6300 N. ANDREWS AVE
FT LAUDERDALE, FL 33309

[Address](#)

7036 BERACASA WAY
BOCA RATON, FL 33433

[Address](#)

6699 W. BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437

[Address](#)

3470 N.W. 62ND AVE
MARGATE, FL 33063

[Address](#)

2272 N. CONRESS AVE
BOYNTON BEACH, FL 33426

[Address](#)

11551 SOUTHERN BLVD
ROYAL PALM BEACH, FL 33411

[Address](#)

9060 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

[Address](#)

4036 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

[Address](#)

12555 C BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181

[Address](#)

4570 LANTANA RD
LAKE WORTH, FL 33463

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
WORZEL, KAREN MARIE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11508	03/27/2024

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

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