



NICOLE ROSE OFFENBERG

License Number: PA9108441

Data As Of 9/9/2025

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
WALKER, YVONNE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	164401	06/06/2025
WORZEL, KAREN MARIE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11508	03/27/2024

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