



ALI SAAD MALIK

License Number: OS12165

Data As Of 7/25/2025

| | |
|--|---|
| Profession | Osteopathic Physician |
| License | OS12165 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 3/31/2026 |
| License Original Issue Date | 05/14/2013 |
| Address of Record | 2820 NE 214th Street Suite 701 AVENTURA, FL 33180 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1801 S 23rd Street Suite 1
FORT PIERCE, FL 34950

Address

130 JFK Drive Suite 138
ATLANTIS, FL 33462

Address

7540 NW 5th Street Suite 1
PLANTATION, FL 33317

Address

1380 NE Miami Gardens Drive Suite 155
NORTH MIAMI BEACH, FL 33179

Address

1345 NE 4th Avenue
FORT LAUDERDALE, FL 33304

Address

3727 N Goldenrod Road Suite 103
WINTER PARK, FL 32792

Address

2800 S Osceola Avenue
ORLANDO, FL 32806

Address

1051 Port Malabar Blvd NE Suite 6-7
PALM BAY, FL 32905

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 | 8/9/2016 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.