



## SAMUEL M BECKER

License Number: ME117064

Data As Of 5/5/2026

Profession	Medical Doctor
License	ME117064
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/29/2013
Address of Record	2007 Palm Beach Lakes Blvd MD Now Medical Centers, Inc. WEST PALM BCH, FL 33409
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

2007 PALM BEACH LAKES BLVD.  
WEST PALM BEACH, FL 33409

### Address

6300 N. ANDREWS AVENUE  
FT LAUDERDALE, FL 33308

### Address

3470 NW 62ND AVENUE  
MARGATE, FL 33063

### Address

6868 FOREST HILL BLVD.  
GREENACRES, FL 33413

### Address

10081 w Oakland park blvd  
SUNRISE, FL 33351

### Address

2502 n state rd 7  
HOLLYWOOD, FL 33021

### Address

4036 w Hillsboro blvd  
DEERFIELD BEACH, FL 33442

### Address

2502 North Federal Highway  
LIGHTHOUSE POINT, FL 33064

### Address

5126 North Federal Hwy  
FT LAUDERDALE, FL 33308

### Address

601 Linton blvd  
DELRAY BEACH, FL 33444

### Address

7007 w broward blvd  
PLANTATION, FL 33317

### Address

9650 pines blvd  
PEMBROKE PINES, FL 33024

### Address

901 south state road 7  
PLANTATION, FL 33317

### Address

2571 s university dr  
DAVIE, FL 33328

## 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
THEODOROU, SOPHIA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111533	7/21/2025
THEODOROU, SOPHIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111533	1/3/2024
VAN WART, REBECCA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112060	8/17/2025
VAN WART, REBECCA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112060	1/3/2024

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

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