



SAMUEL M BECKER

License Number: ME117064

Data As Of 12/14/2025

| | |
|--|---|
| 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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