

KAIRA KAPLINSKY

License Number: ME124114

Data As Of 6/27/2025

Profession Medical Doctor
License ME124114
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 05/08/2015
Address of Record 3800 S Ocean dr

Unit 809 HOLLYWOOD, FL 33019

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

14701 NW 77 AVENUE MIAMI LAKES, FL 33014

Address

1642 TOWN CENTER CIRCLE

WESTON, FL 33326

Address

6264 W. SAMPLE ROAD #100 CORAL SPRINGS, FL 33067

Address

9915 NW 41 STREET DORAL, FL 33178

Address

15885 PINES BLVD.

PEMBROKE PINES, FL 33027

Address

12472 W. SUNRISE BLVD.

SUNRISE, FL 33323

Address

1240 S. DIXIE HGHWAY CORAL GABLES, FL 33146

Address

4741 S. UNIVERSITY DRIVE

DAVIE, FL 33328

Address

2660 BRICKELL AVENUE

MIAMI, FL 33129

Address

10 GIRALDA AVENUE CORAL GABLES, FL 33134

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.

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