



## WARREN SHER

License Number: ME135390

Data As Of 1/26/2026

Profession Medical Doctor

License ME135390

License Status Retired/

License Expiration Date 1/31/2026

License Original Issue Date 02/21/2018

Address of Record No current practice location in Florida - If further information is needed, please contact the Department of Health at (850) 488-0595.

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-malignant Pain)

Discipline on File No

Public Complaint No

## Secondary Locations

### Address

UF Health Wildlight 76011 William Burgess Blvd  
YULEE, FL 32097

### Address

UF Health Jacksonville 655 W 8th Street  
JACKSONVILLE, FL 32209

## 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
JAVED, ADNAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	139985	08/05/2021

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

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