Florida HEALTH Department of Health

ANDREI PAUL GHERGHINA

License Number: OS14108

Data As Of 11/1/2026

Profession	Osteopathic Physician
License	OS14108
License Status	Clear/Active
License Expiration Date	3/31/2028
License Original Issue Date	07/01/2016
Address of Record	10151 Enterprise Center Blvd Suite 204 BOYNTON BEACH, FL 33437
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1750 N University Dr Ste 1
CORAL SPRINGS, FL 33071

Address
1800 Bay Rd Suite 102
MIAMI BEACH, FL 33139

Address
2980 NE 207th St Suite 111
AVENTURA, FL 33180

Address
5270 Donald Ross Rd Suite 100
PALM BEACH GARDENS, FL 33418

Address
620 Linton Blvd Suite 210
DELRAY BEACH, FL 33444

Address
201 N University Drive Suite 114
PLANTATION, FL 33324

Address
4400 N Federal Hwy Suite 150
BOCA RATON, FL 33431

Address
921 SE 17th St Unit B-2
FT LAUDERDALE, FL 33316

Address
2702 N Federal Hwy
DELRAY BEACH, FL 33483

Address
8964 SW 72nd Ct
MIAMI, FL 33156

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
ZAIFERT, REESA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120131	4/7/2026

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

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