



SAMER OBID

License Number: ME140597

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME140597
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	04/29/2019
Address of Record	1107 5th Street, Suite 170 MIAMI BEACH, FL 33139
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
OBID, SAMER	140597	MEDICAL DOCTOR	MIAMI BEACH	FL	202030048	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
OBID, SAMER	140597	MEDICAL DOCTOR	MIAMI BEACH	FL	202030048	AC FILED

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
MERLINO, GARY JOSEPH	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6638	08/01/2021

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
CHADIA ALI MEDSPA & AESTHETICS	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1620	1/19/2024
DUQUESNAY, DANIELLE AMANDA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108492	8/1/2021
INNIS, JAMIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111601	8/1/2021
PEDOUSSAUT, LAURA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111939	8/1/2021

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