



JEFFREY HOWARD BELABIN

License Number: PA9101384

Data As Of 4/26/2026

Profession	Physician Assistant
License	PA9101384
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/22/2000
Address of Record	5673 coral ridge dr CORAL SPRINGS, FL 33076
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

4450 North State Road 7 Suite 1
COCONUT CREEK, FL 33073

[Address](#)

1611 South Federal Highway
POMPANO BEACH, FL 33062

[Address](#)

10251 West Commercial Blvd
SUNRISE, FL 33351

[Address](#)

784 SE Prima Vista Blvd
PORT SAINT LUCIE, FL 34952

[Address](#)

1820 58th Avenue Unit 110
VERO BEACH, FL 32966

[Address](#)

1205 North University Drive
CORAL SPRINGS, FL 33071

[Address](#)

8756 Boynton Beach Blvd Suite 150
BOYNTON BEACH, FL 33472

[Address](#)

18203 Pines Blvd
PEMBROKE PINES, FL 33029

[Address](#)

129 S State Road 7 Suite 401
WEST PALM BEACH, FL 33414

[Address](#)

18706 NW 67th Avenue
HIALEAH, FL 33015

[Address](#)

115 East Park Drive 300
BRENTWOOD, TN 37027

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
HENDRIX, TIMOTHY WAYNE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65142	10/02/2017
KRISHTUL, ALEXANDER	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	111303	01/26/2022

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

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