

## JEFFREY HOWARD BELABIN

# License Number: PA9101384

Data As Of 9/10/2025

Profession Physician Assistant

License PA9101384
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 08/22/2000
Address of Record 5673 coral r

5673 coral ridge dr

No

CORAL SPRINGS, FL 33076

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

115 East Park Drive 300 BRENTWOOD, TN 37027

### Address

18706 NW 67th Avenue HIALEAH, FL 33015

#### Address

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

### Address

18203 Pines Blvd

PEMBROKE PINES, FL 33029

### Address

8756 Boynton Beach Blvd Suite 150 BOYNTON BEACH, FL 33472

### Address

1205 North University Drive CORAL SPRINGS, FL 33071

## Address

1820 58th Avenue Unit 110 VERO BEACH, FL 32966

## Address

784 SE Prima Vista Blvd PORT SAINT LUCIE, FL 34952

### Address

10251 West Commercial Blvd

SUNRISE, FL 33351

#### Address

1611 South Federal Highway POMPANO BEACH, FL 33062

### Address

9035 Pines Blavd

PEMBROKE PINES, FL 33024

#### Address

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

## 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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