## MICHAEL A FLICKER

## License Number: OS5264

Data As Of 5/9/2025

Profession Osteopathic Physician

License OS5264
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026
License Original Issue Date 06/30/1987

Address of Record 9633 W BROWARD BLVD

SUITE #6

Yes

PLANTATION, FL 33324

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

### Address

7007 W BROWARD BLVD PLANTATION, FL 33317

## Address

9650 PINES BLVD

PEMBROKE PINES, FL 33024

## Address

10081 W OAKLAND PARK BLVD

SUNRISE, FL 33351

#### Address

6240 CORAL RIDGE DR CORAL SPRINGS, FL 33076

# Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

Name	License	Profession	City	State	Case #	Action Taken
FLICKER, MICHAEL A	5264	OSTEOPATHIC PHY	PLANTATION	FL	200567418	OBLIGATION(S) SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
FLICKER, MICHAEL A	5264	OSTEOPATHIC PHYSICIAN	PLANTATION	FL	200567418	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:

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.

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