



## LONG VINH TRAN

License Number: ME60439

Data As Of 5/7/2026

Profession	Medical Doctor
License	ME60439
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/26/1991
Address of Record	2272 N. CONGRESS AVE BOYNTON BEACH, FL 33426
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

6868 FOREST HILL BLVD  
GREEN ACRES, FL 33413

### Address

4036 HILLSBORO BLVD MD NOW MEDICAL CENTERS, INC  
DEERFIELD BEACH, FL 33442

### Address

6240 CORAL RIDGE DRIVE SUITE 105 MD NOW MEDICAL CENTER  
CORAL SPRINGS, FL 33076

### Address

2272 N. CONGRESS AVE  
BOYNTON BEACH, FL 33426

### Address

9060 N. MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

### Address

7035 BERACASA WAY  
BOCA RATON, FL 33433

### Address

11551 SOTHERN BLVD.#4  
ROYAL PLM BEACH, FL 33411

### Address

2007 PALM BEACH LAKES BLVD.  
WEST PALM BEACH, FL 33409

### Address

11551 SOUTHERN BLVD.  
WEST PALM BCH, FL 33411

### Address

950 SOUTHEAST 5TH AVENUE  
DELRAY BEACH, FL 33483

### Address

950 SE 5TH AVE  
DELRAY BEACH, FL 33483

### Address

9650 PINES BLVD  
PEMBROKE PINES, FL 33024

[Address](#)

10081 W OAKLAND PARK BLVD  
SUNRISE, FL 33351

[Address](#)

1770 NE MIAMI GARDENS DR UNIT 1  
NORTH MIAMI BEACH, FL 33179

[Address](#)

7007 W BROWARD BLVD  
PLANTATION, FL 33317

## 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.

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