Florida HEALTH Department of Health

# SCOTT STEVEN KATZMAN

## License Number: ME65564

*Data As Of 11/4/2026*

| | |
|---|---|
| Profession | Medical Doctor |
| License | ME65564 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 01/14/1994 |
| Address of Record | 3355 BURNS RD.<br>SUITE 304<br>PALM BEACH GARDENS, FL 33410 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

## Secondary Locations

Address
2215 Nebraska Ave Ste# 1C
FORT PIERCE, FL 34950

Address
6150 METROWEST BLVD
ORLANDO, FL 32835

Address
8501 SW 124th Ave. Ste# 108
MIAMI, FL 33183

Address
499 E. CENTRAL PARKWAY SUITE 130
ALTAMONTE SPRINGS, FL 32714

Address
3500 Tyler Street
HOLLYWOOD, FL 33021

Address
652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

Address
3970 RCA BLVD SUITE #7004 / 7005
PALM BEACH GARDENS, FL 33410

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201115871 | OBLIGATION(S) SATISFIED |
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201907964 | OBLIGATION(S) SATISFIED |

## Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201907964 | AC FILED |
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201907964 | AC FILED |
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201115871 | 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 |
|---|---|---|---|---|
| KOW, NATHAN SHIAO-YUNG | SUPERVISOR | MEDICAL DOCTOR | 138763 | 07/08/2019 |

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

## Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---|---|---|---|---|
| ANDRADE, DENISE LYNN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100997 | 10/27/2026 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

Address
2215 Nebraska Ave Ste# 1C
FORT PIERCE, FL 34950
Address
6150 METROWEST BLVD
ORLANDO, FL 32835
Address
8501 SW 124th Ave. Ste# 108
MIAMI, FL 33183
Address
499 E. CENTRAL PARKWAY SUITE 130
ALTAMONTE SPRINGS, FL 32714
Address
3500 Tyler Street
HOLLYWOOD, FL 33021
Address

652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

Address

3970 RCA BLVD SUITE #7004 / 7005
PALM BEACH GARDENS, FL 33410

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201115871 | OBLIGATION(S) SATISFIED |
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201907964 | OBLIGATION(S) SATISFIED |

### Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201907964 | AC FILED |
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201907964 | AC FILED |
| KATZMAN, SCOTT STEVEN | 65564 | MEDICAL DOCTOR | PALM BEACH GARDENS | FL | 201115871 | 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 |
|---|---|---|---|---|
| KOW, NATHAN SHIAO-YUNG | SUPERVISOR | MEDICAL DOCTOR | 138763 | 07/08/2019 |

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

## Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---|---|---|---|---|
| ANDRADE, DENISE LYNN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100997 | 10/27/2026 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.