## **FADI ELIAS SABA**

## License Number: ME71448

Data As Of 11/6/2025

Profession Medical Doctor
License ME71448
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 09/04/1996

Address of Record 1839 CENTRAL AVENUE ST PETERSBURG, FL 33713

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

6336 Fort King Road ZEPHYRHILLS, FL 33542

#### Address

10875 Park Blvd N SEMINOLE, FL 33772

#### Address

6502 Park Blvd

PINELLAS PARK, FL 33781

### Address

5880 49th St N Suite 101

SAINT PETERSBURG, FL 33709

#### Address

8133 54th Avenue N

ST PETERSBURG, FL 33709

### Address

3001 N Rocky Point Dr Youthful Reflection, Ste 217

TAMPA, FL 33607

## Address

6908 WEST LINEBAUGH AVE

**TAMPA, FL 33625** 

#### Address

9210 4TH STREET NORTH SAINT PETERSBURG, FL 33702

## 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.

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
FSCS LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		2/3/2009
KORBAJ, ERIKA REZENDE FONSECA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115903	5/10/2022
REYES, STEVEN ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106105	10/21/2020
THOMAS, CRYSTAL DIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108444	10/15/2015

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

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