



## KEITH CHAE KIM

### License Number: ME88949

Data As Of 7/26/2025

Profession Medical Doctor

License ME88949

License Status Clear/Active

License Expiration Date 1/31/2026

License Original Issue Date 10/20/2003

Address of Record This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

Address of Record NOT PRACTICING

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-malignant Pain)

Discipline on File Yes

Public Complaint Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

| Name            | License | Profession     | City | State | Case #    | Action Taken            |
|-----------------|---------|----------------|------|-------|-----------|-------------------------|
| KIM, KEITH CHAE | 88949   | MEDICAL DOCTOR |      |       | 201203545 | OBLIGATION(S) SATISFIED |

#### Public Complaints

| Name            | License | Profession     | City | State | Case #    | Action Taken |
|-----------------|---------|----------------|------|-------|-----------|--------------|
| KIM, KEITH CHAE | 88949   | MEDICAL DOCTOR |      |       | 201203545 | 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.

## Subordinate Practitioners

| Name                 | Relationship | Profession     | License | Effective Date |
|----------------------|--------------|----------------|---------|----------------|
| BEHRMANN, DONALD LEE | SUBORDINATE  | MEDICAL DOCTOR | 64819   | 8/1/2017       |

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

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