



State of Delaware

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Licensee Information

Full Name: Samuel L Jacobs

License Information

License No:	C1-0005227	Profession:	Medical Practice	License Type:	Physician M.D.
License Status:	Expired-Must Reapply	Issue Date:	1/6/1998	Expiration Date:	3/31/2017

Address Information

This information is from the address supplied by the licensee. For most license types, licensees may choose a residence, business or other mailing address.

City: Fort Lauderdale **State:** FL **Zipcode:** 33305 **Country:** United States

Discipline Information

No Discipline Information

Public Documents

If disciplinary information appears above but no documents are listed below, the Division of Professional Regulation has not yet added the documents to the webpage. To request the documents, submit a *Request for Public Records* form.

No Public Documents Available Online