



## ROBERT JEFFREY LOPEZ

### License Number: ME102974

Data As Of 1/12/2026

Profession	Medical Doctor
License	ME102974
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	10/03/2008
Address of Record	2323 SOUTH ORANGE AVE SUITE A ORLANDO, FL 32806
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

2415 SW College Road Solantic, LLC  
OCALA, FL 34474

### Address

3840 E. State Rd 436 Solantic, LLC STE 1000  
APOPKA, FL 32703

### Address

7751 Kingspointe Parkway Solantic, LLC STE 114  
ORLANDO, FL 32819

### Address

136 Parliament Loop Solantic, LLC STE 102  
LAKE MARY, FL 32746

### Address

2555 S. Kirkman Road Solantic, LLC  
ORLANDO, FL 32811

### Address

1471 E. Osceola Parkway Solantic, LLC  
KISSIMMEE, FL 34744

### Address

5355 Red Bug Lake Rd Solantic, LLC  
WINTER SPRINGS, FL 32708

### Address

2306 E Irlo Bronson Memorial Solantic, LLC  
KISSIMMEE, FL 34744

## 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, Box 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
BLEVINS, GRAIG EDWARD	PRESCRIBING PHYSICIAN ASSISTANT	OSTEOPATHIC PHYSICIAN	12408	9/3/2020
GARGUILLO, SAMANTHA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110928	6/4/2025
LE, MICHELLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116850	2/7/2024
LE, MICHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116850	2/7/2024
LIN, BRYAN PO-JUI	SUBORDINATE	OSTEOPATHIC PHYSICIAN	11565	9/3/2020
MILLARD, CHRISTOPHER J DO	PRESCRIBING PHYSICIAN ASSISTANT	OSTEOPATHIC PHYSICIAN	6911	9/3/2020
OLIVER, ALORA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109906	9/4/2020
PROCTOR, JOSEPH EDGAR	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103407	9/13/2018
PROCTOR, JOSEPH EDGAR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103407	9/13/2018
RACHELLI, DEREK JAMES	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104016	9/13/2018
RACHELLI, DEREK JAMES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104016	9/13/2018

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

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