



ROBERT JEFFREY LOPEZ

License Number: ME102974

Data As Of 4/20/2026

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|--|---|
| 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 Irlø 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, 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 |
|---------------------------|---------------------------------|-----------------------|---------|----------------|
| BLEVINS, GRAIG EDWARD | PRESCRIBING PHYSICIAN ASSISTANT | OSTEOPATHIC PHYSICIAN | 12408 | 9/3/2020 |
| GARGUILO, 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 |
| MUSAID, AMAL | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9121171 | 1/14/2026 |
| MUSAID, AMAL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9121171 | 2/26/2026 |
| 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 |

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