



MARY ALICE-SPARKS LANE MD

License Number: ME106438

Data As Of 6/7/2025

Profession	Medical Doctor
License	ME106438
License Status	CLEAR/Active
License Expiration Date	1/31/2026
License Original Issue Date	02/22/2010
Address of Record	1741 DAVID WALKER DRIVE TAVARES, FL 32778
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

440 W. HIGHWAY 436
ALTAMONTE SPRINGS, FL 32714

Address

509 S. SEMORAN BLVD.
ORLANDO, FL 32807

Address

15701 STATE ROAD 50 SUITE 101
CLERMONT, FL 34711

Address

630 N. BUMBY AVEUNE
ORLANDO, FL 32803

Address

5810 S. SERMORAN BLVD.
ORLANDO, FL 32822

Address

8014 CONROY-WINDERMERE ROAD SUITE 104
ORLANDO, FL 32819

Address

8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810

Address

8201 W. IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747

Address

3293 GREENWALD WAY NORTH
KISSIMMEE, FL 34741

Address

4320 W. VNE STREET
KISSIMMEE, FL 34746

Address

12500 S. APOPKA VINELAND ROAD
ORLANDO, FL 32836

Address

2540 LEE ROAD

WINTER PARK, FL 32789

[Address](#)

855 S. HIGHWAY 17-92

LONGWOOD, FL 32750

[Address](#)

19015 US HIGHWAY 441

MOUNT DORA, FL 32757

[Address](#)

2301 SAND LAKE ROAD

ORLANDO, FL 32809

[Address](#)

4451 WET 1ST STREET

SANFORD, FL 32771

[Address](#)

11550 UNIVERSITY BLVD.

ORLANDO, FL 32817

[Address](#)

250 N. ALAFAYA TRAIL SUITE 135

ORLANDO, FL 32825

[Address](#)

3005 DANIELS ROAD

WINTER GARDEN, FL 34787

[Address](#)

3099 ALOMA AVENUE

WINTER PARK, FL 32789

[Address](#)

1000 UNIVERSAL STUDIOS PLZ #3

ORLANDO, FL 32819

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.

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