



## DOUGLAS LIONEL CONSTANT

License Number: ME108659

Data As Of 9/16/2025

Profession	Medical Doctor
License	ME108659
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	12/02/2010
Address of Record	5741 BEE RIDGE RD SUITE 450 SARASOTA, FL 34233
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

5985 Silver Falls Run STE 300  
LAKEWOOD RANCH, FL 34202

## 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	Effective License Date
IRVING-VANDERMOLLEN, REBECCA	PRESCRIBING PHYSICIAN	PHYSICIAN	9110837 12/4/2018
LYNNE	ASSISTANT	ASSISTANT	

Name	Relationship	Profession	Effective License Date
KALOGEROPOULOS, DANIEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112183 9/9/2019

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

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