JOHN LIN WANG

License Number: ME109515

Data As Of 8/22/2025

Profession Medical Doctor
License ME109515
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 04/06/2011

Address of Record 300 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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;
- $2. \ \mbox{Name}$ 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
BOLIEK, ERICA LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106406	4/7/2020
MARTINEZ, CYNTHIA A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105748	2/10/2016
ZHYLINSKAYA, NADZEYA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115593	3/21/2022

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

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