Florida HEALTH Department of Health

# CLARK ROBERT LACHCIK

## License Number: PA9108265

*Data As Of 10/31/2026*

| | |
|---|---|
| Profession | Physician Assistant |
| License | PA9108265 |
| License Status | Clear/Active |
| Qualifications | Prescribing<br>Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 09/22/2014 |
| Address of Record | 1150 US-1<br>VERO BEACH, FL 32960 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

Address
1900 SE Port St. Lucie BLVD
PORT SAINT LUCIE, FL 34952

Address
5550 S US-1
FORT PIERCE, FL 34982

Address
5000 Okeechobee RD Suite C
FORT PIERCE, FL 34947

Address
1801 NE Jensen Beach BLVD
JENSEN BEACH, FL 34957

Address
1730 SW St. Lucie West BLVD
PORT SAINT LUCIE, FL 34986

Address
4007 SW Port St Lucie BLVD
PORT SAINT LUCIE, FL 34953

Address
10650 SW Tradition PKWY
PORT SAINT LUCIE, FL 34987

Address
640 21st ST
VERO BEACH, FL 32960

## 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.

## Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---|---|---|---|---|
| KANIEFSKI, WALTER JOSEPH | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 152000 | 07/25/2025 |
| NEZOWITZ, GREGG DAVID | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 75671 | 02/04/2022 |
| REVE URGELLES, ADDYS DEL CARMEN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 163785 | 12/05/2024 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

Address
1900 SE Port St. Lucie BLVD
PORT SAINT LUCIE, FL 34952
Address
5550 S US-1
FORT PIERCE, FL 34982
Address
5000 Okeechobee RD Suite C
FORT PIERCE, FL 34947
Address
1801 NE Jensen Beach BLVD
JENSEN BEACH, FL 34957
Address
1730 SW St. Lucie West BLVD
PORT SAINT LUCIE, FL 34986
Address
4007 SW Port St Lucie BLVD
PORT SAINT LUCIE, FL 34953
Address
10650 SW Tradition PKWY
PORT SAINT LUCIE, FL 34987
Address
640 21st ST
VERO BEACH, FL 32960

# 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.

# Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---|---|---|---|---|
| KANIEFSKI, WALTER JOSEPH | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 152000 | 07/25/2025 |
| NEZOWITZ, GREGG DAVID | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 75671 | 02/04/2022 |
| REVE URGELLES, ADDYS DEL CARMEN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 163785 | 12/05/2024 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.