## **MAX C LINCOLN**

## License Number: ME114953

Data As Of 7/7/2025

Profession Medical Doctor
License ME114953
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027
License Original Issue Date 01/16/2013
Address of Record 2300 Park Ave
Suite 206

ORANGE PARK, FL 32073

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

#### Address

2627 RIVERSIDE AVENUE SUITE 300 JACKSONVILLE, FL 32204

#### Address

15255 MAX LEGGETT PRKWY 5TH FLOOR JACKSONVILLE, FL 32218

## Address

232 PONTE VEDRA PARK DRIVE PONTE VEDRA, FL 32082

#### Address

10475 CENTURION PARKWAY N. #220

JACKSONVILLE, FL 32216

### Address

 $4565~\mathrm{US}~\mathrm{HWY}~17~\mathrm{SUITE}~200$  FLEMING ISLAND, FL 32003

# Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
LINCOLN, MAX C	114953	MEDICAL DOCTOR	ORANGE PARK	FL	201504532	OBLIGATION(S) SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
LINCOLN, MAX C	114953	MEDICAL DOCTOR	ORANGE PARK	FL	201504532	AC FILED

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
GOLL, CHRISTOPHER ROBERT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91734	11/12/2024

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

### **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
MATHIAS, MARK ANTHONY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105501	6/13/2022
MATHIAS, MARK ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105501	11/5/2024
SPINNEY, ELIZABETH ANNE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104477	11/6/2023
SPINNEY, ELIZABETH ANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104477	11/6/2023

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