



CHRISTOPHER T LEE

License Number: ME129207

Data As Of 7/16/2025

Profession	Medical Doctor
License	ME129207
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/21/2016
Address of Record	11921 N. DALE MABRY Highway SUITE 7 TAMPA, FL 33618
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

36245 US-27
HAINES CITY, FL 33844

Address

400 1st St N
WINTER HAVEN, FL 33881

Address

17152 DONNA MICHELLE DR SUITE 5
TAMPA, FL 33647

Address

1599 66TH STREET N
SAINT PETERSBURG, FL 33710

Address

6455 GULF BLVD.
SAINT PETE BEACH, FL 33706

Address

2016 SR 60 E.
VALRICO, FL 33594

Address

4821 US HIGHWAY 19 SUITE 5
NEW PORT RICHEY, FL 34652

Address

1155 S. DALE MABRY HWY SUITE 7
TAMPA, FL 33629

Address

711 S. BELCHER ROAD
CLEARWATER, FL 33764

Address

6909 W. WATERS AVENUE
TAMPA, FL 33634

Address

3351 N. MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761

Address

2331 4TH STREET NORTH
SAINT PETERSBURG, FL 33704

Address

13670 WALSINGHAM ROAD
LARGO, FL 33774

Address

6909 W. WATERS AVENUE
TAMPA, FL 33634

Address

244 bloomingdale ave
VALRICO, FL 33596

Address

11178 State Road 54, Suite B
NEW PORT RICHEY, FL 34655

Address

10125 Big Bend Rd
RIVERVIEW, FL 33578

Address

3440 W. Dr MLK Blvd #100
TAMPA, FL 33607

Address

18610 Fern View st
LAND O LAKES, FL 34638

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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