



## CHRISTOPHER T LEE

License Number: ME129207

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME129207
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
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

18610 Fern View st  
LAND O LAKES, FL 34638

### Address

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

### Address

10125 Big Bend Rd  
RIVERVIEW, FL 33578

### Address

244 bloomingdale ave  
VALRICO, FL 33596

### Address

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

### Address

6909 W. WATERS AVENUE  
TAMPA, FL 33634

### Address

13670 WALSINGHAM ROAD  
LARGO, FL 33774

### Address

2331 4TH STREET NORTH  
SAINT PETERSBURG, FL 33704

### Address

3351 N. MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33761

### Address

6909 W. WATERS AVENUE  
TAMPA, FL 33634

### Address

711 S. BELCHER ROAD  
CLEARWATER, FL 33764

[Address](#)

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

[Address](#)

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

[Address](#)

2016 SR 60 E.  
VALRICO, FL 33594

[Address](#)

6455 GULF BLVD.  
SAINT PETE BEACH, FL 33706

[Address](#)

1599 66TH STREET N  
SAINT PETERSBURG, FL 33710

[Address](#)

17152 DONNA MICHELLE DR SUITE 5  
TAMPA, FL 33647

[Address](#)

400 1st St N  
WINTER HAVEN, FL 33881

[Address](#)

36245 US-27  
HAINES CITY, FL 33844

## 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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