### LESTER VIRGILIO NEGRON AYALA

### License Number: ACN1056

Data As Of 4/25/2025

Profession Area of Critical Need Medical Doctor

License Status CLEAR/Active
License Expiration Date 1/31/2026
License Original Issue Date 05/08/2018

Address of Record 1225 W C 48 BUSHNELL BUSHNELL, FL 33513

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## **Secondary Locations**

#### Address

3306 SW 26TH AVE STE 200

OCALA, FL 34471

#### Address

910 W VINE ST

KISSIMMEE, FL 34741

### Address

15701 State Road 50 Suite 201

CLERMONT, FL 34711

#### Address

10250 South US Highway 441

BELLEVIEW, FL 34420

#### Address

1004 N. St Ste 109

LEESBURG, FL 34748

#### Address

1115 NORTH CENTRAL AVE

KISSIMMEE, FL 34741

#### Address

17580 HWY 441

MOUNT DORA, FL 32757

#### Address

3105 CITRUS TOWER BOULEVARD SUITE B

CLERMONT, FL 34711

# 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                     | Effective<br>License Date |
|--|--------------------------------|--------------------------------|---------------------------|
| PREMIER MEDICAL ASSOCIATES               | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/03/2023                |
| PREMIER MEDICAL ASSOCIATES               | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/03/2023                |
| PREMIER MEDICAL ASSOCIATES               | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/03/2023                |
| PREMIER MEDICAL ASSOCIATES ALL FLORIDA L | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/03/2023                |
| PREMIER MEDICAL ASSOCIATES ALL FLORIDA L | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/03/2023                |
| PREMIER MEDICAL ASSOCIATES ALL FLORIDA L | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/02/2023                |
| PREMIER MEDICAL ASSOCIATES ALL FLORIDA,  | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/13/2020                |
| PREMIER MEDICAL ASSOCIATES CLINIC        | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/03/2023                |

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

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