Florida HEALTH Department of Health

CASSANDRA JUANITA BALWANT

License Number: PA9111353

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9111353
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	07/05/2018
Address of Record	10959 W. Colonial Drive Units 6 & 8 OCOEE, FL 34761
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
3581 SW Archer Rd Suite 40
GAINESVILLE, FL 32608

Address
3925 NW 43rd St
GAINESVILLE, FL 32606

Address
720 SW 2nd Ave Suite 160A
GAINESVILLE, FL 32601

Address
2415 SW College Rd
OCALA, FL 34471

Address
512 East State Rd 436 Suite 1000
ALTAMONTE SPRINGS, FL 32701

Address
3840 East State Road 436 Suite 1000
APOPKA, FL 32703

Address
7751 Kingspointe Parkway Suite 114
ORLANDO, FL 32819

Address
1414 E. Osceola Parkway
KISSIMMEE, FL 34744

Address
136 Parliament Loop Suite 1020
LAKE MARY, FL 32746

Address
2555 S. Kirkman Rd
ORLANDO, FL 32811

Address
2323 South Orange Ave Suite A
ORLANDO, FL 32806

Address
5355 Red Bug Lake Road
WINTER SPRINGS, FL 32708
Address
968 West Mitchell Hammock Rd Suite 1050
OVIEDO, FL 32765
Address
8132 Lee Vista Blvd Unit B
ORLANDO, FL 32829
Address
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OCALA, FL 34471
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Address
512 East Altamonte Drive Suite 1000
APOPKA, FL 32703

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
LAMBIASO, MARLENE K MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	41781	10/03/2026
LAMBIASO, MARLENE K MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	41781	10/03/2026

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

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