

## MAGED S HAMZA

## License Number: ME145579

Data As Of 8/25/2025

Profession Medical Doctor
License ME145579
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 05/17/2020

Address of Record 404 NW Hall of Fame Dr. LAKE CITY, FL 32055

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## **Secondary Locations**

#### Address

801 N. Orange Ave. Suite 530 ORLANDO, FL 32801

#### Address

1811 Blanding Blvd. Suite 102 MIDDLEBURG, FL 32068

#### Address

1361 13th Ave S. Suite 250A JACKSONVILLE BEACH, FL 32250

## Address

280 Dundas Dr.

JACKSONVILLE, FL 32218

#### Address

1821 Blanding Blvd.

MIDDLEBURG, FL 32068

## Address

2700 Riverside Ave. Suite 2 JACKSONVILLE, FL 32205

#### Address

1564 Kingsley Ave. Suite 300 ORANGE PARK, FL 32073

#### Address

8262 Point Meadows Dr. Suite 202 JACKSONVILLE, FL 32256

# 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.

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
GAMIZ, RICHARD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101381	5/9/2022
HORNE, LESLIE SUZANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103683	5/9/2022

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

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