Florida HEALTH Department of Health

GUSTAV J LO

License Number: ME154123

Data As Of 11/24/2026

Profession	Medical Doctor
License	ME154123
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	12/15/2021
Address of Record	964 International parkway suite 1620 LAKE MARY, FL 32746
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
320 E Railroad Ave
BOCA GRANDE, FL 33921

Address
8855 Immokalee Rd Ste 11
NAPLES, FL 34120

Address
2105 N. Park Ave
WINTER PARK, FL 32789

Address
700 2nd Avenue North #205
NAPLES, FL 34102

Address
815 Bald Eagle Unit 103
MARCO ISLAND, FL 34145

Address
3847 South School Avenue
SARASOTA, FL 34239

Address
363 Altantic Blv suite 10
ATLANTIC BCH, FL 32233

Address
340 Royal Palm Way Suite 101
PALM BEACH, FL 33480

Address
12300 South Shore Blv Unit 101
WELLINGTON, FL 33414

Address
11810 SE Dixie Hwy
HOBE SOUND, FL 33455

Address
3111 Cardinal Dr. Ste 2E
VERO BEACH, FL 32963

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
CARR, MARCY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119456	2/4/2025
HUGHES, CAROLINE KAYLA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119256	1/30/2025
HUGHES, CAROLINE KAYLA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119256	1/30/2025
RAHMAN, SAMIHA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118050	10/9/2023
SANTOS, DANIELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116676	7/17/2023

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

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