



GUSTAV J LO

License Number: ME154123

Data As Of 11/24/2024

Profession	Medical Doctor
License	ME154123
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	12/15/2021
Address of Record	2105 N Park Ave WINTER PARK, FL 32789
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

11910 SE Dixie Hwy
HOBE SOUND, FL 33455

Address

12300 South Shore Blv Unit 101
WELLINGTON, FL 33414

Address

340 Royal Palm Way Suite 101
PALM BEACH, FL 33480

Address

363 Atlantic Blv suite 10
ATLANTIC BCH, FL 32233

Address

3847 South School Avenue
SARASOTA, FL 34239

Address

320 E. Railroad Ave.
BOCA GRANDE, FL 33921

Address

8855 Immokalee Rd. Suite 11
NAPLES, FL 34102

Address

2105 North Park Avenue
WINTER PARK, FL 32789

Address

815 Bald Eagle Unit 103
MARCO ISLAND, FL 34145

Address

700 2nd Avenue North #205
NAPLES, FL 34102

Address

964 International Pkwy
LAKE MARY, FL 32746

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
ENOS, KATHERINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118290	2/5/2024
LIPSCH, HANNAH CLAIR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118269	4/5/2024
RAHMAN, SAMIHA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118050	10/9/2023
STEVENSON, DANIELLE MARIE	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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