

**GUSTAV J LO****License Number: ME154123***Data As Of 1/12/2026*

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	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**

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

**Address**

11810 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 Altantic Blv suite 10  
ATLANTIC BCH, FL 32233

**Address**

3847 South School Avenue  
SARASOTA, FL 34239

**Address**

815 Bald Eagle Unit 103  
MARCO ISLAND, FL 34145

**Address**

700 2nd Avenue North #205  
NAPLES, FL 34102

**Address**

2105 N. Park Ave  
WINTER PARK, FL 32789

**Address**

8855 Immokalee Rd Ste 11  
NAPLES, FL 34120

**Address**

320 E Railroad Ave  
BOCA GRANDE, FL 33921

## 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
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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