



SAMUEL PRESTON MARTIN

License Number: ME31846

Data As Of 7/17/2025

Profession	Medical Doctor
License	ME31846
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	02/03/1978
Address of Record	1200 EDGEWATER DRIVE ORLANDO, FL 32804
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1210 E. Osceola Parkway Suite 303
KISSIMMEE, FL 34744

Address

121 WEBB DRIVE SUITE 300
DAVENPORT, FL 33837

Address

100 North Dean Road Suite 201
ORLANDO, FL 32825

Address

910 OLD CAMP ROAD SUITE 164
THE VILLAGES, FL 32162

Address

4106 W. LAKE MARY BLVD SUITE 325
LAKE MARY, FL 32746

Address

9685 LAKE NONA VILLAGE PLACE SUITE 205
ORLANDO, FL 32827

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

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	Effective License	Date
KUNITSER, JULIE ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103302	10/13/2021
LAVOIE, LISA ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101423	10/13/2021
VASCULAR CENTER OF ORLANDO P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1473	1/23/2009
VASCULAR VEIN CENTERS	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2754	12/7/2009
VASCULAR VEIN CENTERS	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2755	12/7/2009
VASCULAR VEIN CENTERS	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2756	1/7/2010
VASCULAR VEIN CENTERS	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2767	12/7/2009

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

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