Florida HEALTH Department of Health

MARLENE K LAMBIASO MD

License Number: ME41781

Data As Of 10/30/2026

Profession	Medical Doctor
License	ME41781
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	02/28/1983
Address of Record	8132 Lee Vista Blvd, Unit B ORLANDO, FL 32811
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
3301 4th St N Suite 100
SAINT PETERSBURG, FL 33704

Address
10959 West Colonial Drive
OCOEE, FL 34761

Address
3581 SW Archer Road #40
GAINESVILLE, FL 32608

Address
6000 TURKEY LAKE ROAD SUITE 209
ORLANDO, FL 32819

Address
3925 NW 43RD STREET SOLANTIC, LLC
GAINESVILLE, FL 32606

Address
2415 SW COLLEGE ROAD SOLANTIC, LLC
OCALA, FL 34474

Address
3840 E. STATE ROAD 436, SOLANTIC, LLC Suite 1000
APOPKA, FL 32703

Address
4895 East Bay Drive, Unit 120
LARGO, FL 33764

Address
7751 KINGSPOINTE PARKWAY, SOLANTIC, LLC Suite 114
ORLANDO, FL 32819

Address
136 PARLIAMENT LOOP, SOLANTIC, LLC suite 102
LAKE MARY, FL 32746

Address
10959 W. Colonial Dr
OCOEE, FL 34761

Address

1414 E. OSCEOLA PARKWAY

KISSIMMEE, FL 34744

Address

2323 S. ORANGE AVENUE

ORLANDO, FL 32806

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
AGOSTINI, JENNIFER ROSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102929	10/3/2026
ANDONI, ANISA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108352	10/5/2026
ANDONI, ANISA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108352	10/5/2026
BALWANT, CASSANDRA JUANITA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111353	10/3/2026
BALWANT, CASSANDRA JUANITA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111353	10/3/2026
BARBOUR, ALEXIS LEIGH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113794	6/7/2025
BARBOUR, ALEXIS LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113794	6/7/2025
GLENNON, NIKKI BELL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110503	9/22/2020
GLENNON, NIKKI BELL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110503	9/28/2020
KLANSKY, ANDREW THOMAS	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111809	6/11/2025
KLANSKY, ANDREW THOMAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111809	6/11/2025

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

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