



SCOTT WILLIAM VANLUE

License Number: ME51026

Data As Of 8/7/2025

Profession	Medical Doctor
License	ME51026
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/07/1987
Address of Record	1208 DUNLAWTON AVENUE PORT ORANGE, FL 32127
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

3099 ALOMA AVE
WINTER PARK, FL 32792

Address

3005 DANIELS ROAD
WINTER GARDEN, FL 34787

Address

250 N. ALAFAYA TRAIL SUITE 135
ORLANDO, FL 32825

Address

11550 UNIVERSITY BLVD.
ORLANDO, FL 32817

Address

2609 SOUTH ORANGE AVE
ORLANDO, FL 32806

Address

4451 WEST 1 ST STREET
SANFORD, FL 32771

Address

2301 SAND LAKE ROAD
ORLANDO, FL 32809

Address

8010 RED BUG ROAD
OVIEDO, FL 32765

Address

8201 W. LRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747

Address

19015 US HIGHWAY 441
MOUNT DORA, FL 32757

Address

855 S. US HIGHWAY 17-92
LONGWOOD, FL 32750

Address

2540 LEE ROAD
WINTER PARK, FL 32789

[Address](#)

12500 S. APOPKA VINELAND ROAD
ORLANDO, FL 32836

[Address](#)

4320 W. VINE STREET
KISSIMMEE, FL 34746

[Address](#)

3293 GREENWALD WAY NORTH
KISSIMMEE, FL 34741

[Address](#)

2609 S. ORANGE AVE
ORLANDO, FL 32806

[Address](#)

8014 CONROY- WINDERMERE ROAD SUITE 104
ORLANDO, FL 32835

[Address](#)

5810 S.SEMORAN BLVD.
ORLANDO, FL 32822

[Address](#)

630 N. BUMBY AVENUE
ORLANDO, FL 32803

[Address](#)

15701 STATE ROAD 50 SUITE #101
CLERMONT, FL 34711

[Address](#)

509 S. SEMORAN BLVD.
ORLANDO, FL 32807

[Address](#)

440 W. HIGHWAY 436
ALTAMONTE SPRINGS, FL 32714

[Address](#)

Adams-Alumni Infirmary 633 State Street
DAYTONA BEACH, FL 32114

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
ZOPPI, JOSEPH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109163	9/25/2020

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

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