## **SCOTT WILLIAM VANLUE**

## License Number: ME51026

Data As Of 11/25/2024

Profession Medical Doctor
License ME51026
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2025 License Original Issue Date 07/07/1987

Address of Record 1208 DUNLAWTON AVENUE PORT ORANGE, FL 32127

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

509 S. SEMORAN BLVD. ORLANDO, FL 32807

## Address

15701 STATE ROAD 50 SUITE #101

CLERMONT, FL 34711

#### Address

630 N. BUMBY AVENUE ORLANDO, FL 32803

## Address

5810 S.SEMORAN BLVD. ORLANDO, FL 32822

### Address

8014 CONROY- WINDERMERE ROAD SUITE 104

ORLANDO, FL 32835

### Address

2609 S. ORANGE AVE ORLANDO, FL 32806

### Address

3293 GREENWALD WAY NORTH

KISSIMMEE, FL 34741

#### Address

4320 W. VINE STREET KISSIMMEE, FL 34746

### Address

12500 S. APOPKA VINELAND ROAD

ORLANDO, FL 32836

### Address

2540 LEE ROAD

WINTER PARK, FL 32789

### Address

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

Address

19015 US HIGHWAY 441

MOUNT DORA, FL 32757

#### Address

8201 W. LRLO BRONSON HIGHWAY

KISSIMMEE, FL 34747

### Address

8010 RED BUG ROAD

OVIEDO, FL 32765

#### Address

2301 SAND LAKE ROAD

ORLANDO, FL 32809

#### Address

4451 WEST 1 ST STREET

SANFORD, FL 32771

#### Address

2609 SOUTH ORANGE AVE

ORLANDO, FL 32806

#### Address

11550 UNIVERSITY BLVD.

ORLANDO, FL 32817

#### Address

250 N. ALAFAYA TRAIL SUITE 135

ORLANDO, FL 32825

#### Address

3005 DANIELS ROAD

WINTER GARDEN, FL 34787

#### Address

3099 ALOMA AVE

WINTER PARK, FL 32792

#### Address

Adams-Alumni Infirmary 633 State Street

DAYTONA BEACH, FL 32114

### Address

440 W. HIGHWAY 436

ALTAMONTE SPRINGS, FL 32714

# 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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