

## LEWIS WASSERMAN MD

## License Number: ME53446

Data As Of 11/27/2025

Profession Medical Doctor
License ME53446
License Status Clear/Active

Qualifications STATE OF PRINCIPAL LICENSURE

License Expiration Date 1/31/2028
License Original Issue Date 06/21/1988

Address of Record 2322 E Irlo Bronson Memorial H

No

KISSIMMEE, FL 34744

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

3801 W Lake Mary Boulevard Suite 123 LAKE MARY, FL 32746

#### Address

11325 Lake Underhill Road Suite 103 ORLANDO, FL 32825

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# Address

131 SW Port St. Lucie Boulevar PORT SAINT LUCIE, FL 34984

## Address

145 Palm Bay Road NE MELBOURNE, FL 32904

#### Address

1267 W Osceola Parkway KISSIMMEE, FL 34741

### Address

620 S Hunt Club Boulevard APOPKA, FL 32703

#### Address

13750 W Colonial Drive Suite 250 WINTER GARDEN, FL 34787

#### Address

10325 San Jose Boulevard JACKSONVILLE, FL 32257

# 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
BALMERT, WHITNEY HANNA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105724	2/3/2016
MOORE, CAITLYN POWER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108166	2/25/2016

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

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