



## East meadow INC

### License Number: MM43981

Data As Of 5/16/2025

Profession                      Massage Establishment  
License                          MM43981  
License Status                EMERG SUSPENS/  
License Expiration Date    8/31/2025  
License Original Issue  
Date                            05/09/2023  
Address of Record            105 Allamanda dr  
                                     LAKELAND, FL 33803  
Discipline on File            No  
Public Complaint             Yes  
Alerts                          Enforcement Alert  
                                     1/24/2025 4:50:24 PM  
                                     Emergency Suspension Order filed 01/24/2025.

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
EAST MEADOW INC,	43981	MESSAGE ESTABLISHMENT	LAKELAND	POLK	FL	202447166	ESO ISSUED	01/24/2025

#### Discipline Cases

No Discipline Found

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
EAST MEADOW INC	43981	MESSAGE ESTABLISHMENT	LAKELAND	FL	202430149	AC FILED
EAST MEADOW INC	43981	MESSAGE ESTABLISHMENT	LAKELAND	FL	202447166	AC FILED

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.

### Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MU, JINFENG	MANAGER	MASSAGE THERAPIST	70967	05/01/2023

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.