LI JIN VOEPEL

License Number: ME85032

Data As Of 4/4/2025

Profession Medical Doctor License ME85032

License Status EMERG RESTRICT/Active Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 05/22/2002

Address of Record 4015 N. HARBOR CITY BLVD.

MELBOURNE, FL 32935

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Alerts Enforcement Alert

3/12/2025 5:20:58 PM

Emergency Restriction Order filed 03/12/2025.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

| Name | License | Profession | City | County | State | Case# | Action Taken | Action Date |
|------------|---------|-------------------|-----------|---------|-------|-----------|-----------------|-------------|
| VOEPEL, LI | 85032 | MEDICAL DOCTOR | MELBOURNE | BREVARD | FL | 202504598 | ERO ISSUED | 03/12/2025 |

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 Rold Correspondence Way Rip C01

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 |
|-----------------|--------------|---|---------|----------------|
| LIJVOEPEL MD PA | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 1369 | 1/12/2009 |
| OSLER MEDICAL | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | | 1/20/2009 |

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

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