# DAVID B SABLE

### License Number: ME91264

| Data As Of 8/9/2025                |                         |  |  |
|------------------------------------|-------------------------|--|--|
| Profession                         | Medical Doctor          |  |  |
| License                            | ME91264                 |  |  |
| License Status                     | Clear/Active            |  |  |
| Qualifications                     | Dispensing Practitioner |  |  |
| License Expiration Date            | 1/31/2027               |  |  |
| License Original Issue Date        | 08/17/2004              |  |  |
| Address of Record                  | 4238 W KENNEDY BLVD     |  |  |
|                                    | TAMPA, FL 33609         |  |  |
| Controlled Substance Prescriber    | No                      |  |  |
| (for the Treatment of Chronic Non- |                         |  |  |
| malignant Pain)                    |                         |  |  |
| Discipline on File                 | No                      |  |  |
| Public Complaint                   | No                      |  |  |

## Secondary Locations

Address 5210 WEBB RD TAMPA, FL 33615 Address 13910 FIVAY RD, STE 5 HUDSON, FL 34667

### **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 |
|-----------------------------|---------------------------------|---------------------|---------|----------------|
| DUFFY, PATRICK SEAN         | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9103510 | 12/28/2020     |
| DUFFY, PATRICK SEAN         | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103510 | 6/4/2018       |
| DYER, LAUREN MARIE          | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116961 | 1/8/2024       |
| MCILVAINE, KELLEY MULFINGER | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9111274 | 5/15/2018      |
| MCILVAINE, KELLEY MULFINGER | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111274 | 5/15/2018      |
| NAVARRA, FRANK DAMIAN       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9118629 | 9/9/2024       |
| YATROS, ALEXANDRA           | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109454 | 8/15/2018      |

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

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