



NANCY PO LIM

License Number: ME95140

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME95140
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	02/07/2006
Address of Record	4065 N Lecanto Hwy BEVERLY HILLS, FL 34465
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

445 Ishie Ave
BRONSON, FL 32621

Address

2804 W Marc Knighton Court #10
LECANTO, FL 34461

Address

12080 Cortez Blvd
BROOKSVILLE, FL 34613

Address

310 Alexandria Blvd
OVIEDO, FL 32765

Address

175 N. Bluford Ave
OCOEE, FL 34761

Address

216 S Apopka Avenue
INVERNESS, FL 34452

Address

176 E 5th St.
APOPKA, FL 32703

Address

2220 Virginia Ave.
FORT PIERCE, FL 34982

Address

1050 Loveland Blvd.,
PORT CHARLOTTE, FL 33980

Address

12080 Cortez Blvd.
BROOKSVILLE, FL 34613

Address

1769 East Moody Blvd., Bldg #4
BUNNELL, FL 32110

Address

1680 SE Lyngate Dr., Suite 101
PORT SAINT LUCIE, FL 34952

[Address](#)

1020 Cultural Park Blvd., Cottage #7
CAPE CORAL, FL 33990

[Address](#)

445 Ishie Ave
BRONSON, FL 32621

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.

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.

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