



MARCUS JERROD MALONE

License Number: ME99007

Data As Of 4/24/2026

Profession	Medical Doctor
License	ME99007
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	06/13/2007
Address of Record	787 37TH Street Suite 200 VERO BEACH, FL 32960
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

787 37th Street Suite 100
VERO BEACH, FL 32960-7320

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	200813896	OBLIGATION(S) SATISFIED
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	201530129	PROBATION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	200813896	AC FILED
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	201530129	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
LANG, SARAH BETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106889	8/6/2021
SPARKMAN, GARY M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	1886	12/1/2022

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.

Secondary Locations

Address

787 37th Street Suite 100
 VERO BEACH, FL 32960-7320

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	200813896	OBLIGATION(S) SATISFIED
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	201530129	PROBATION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	200813896	AC FILED
MALONE, MARCUS JERROD	99007	MEDICAL DOCTOR	VERO BEACH	FL	201530129	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
LANG, SARAH BETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106889	8/6/2021
SPARKMAN, GARY M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	1886	12/1/2022

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.