## **ROBERT JEFFREY LOPEZ**

### License Number: ME102974

Data As Of 11/21/2025

Profession Medical Doctor
License ME102974
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 10/03/2008

Address of Record 2323 SOUTH ORANGE AVE

SUITE A

No

ORLANDO, FL 32806

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

2415 SW College Road Solantic, LLC OCALA, FL 34474

#### Address

3840 E. State Rd 436 Solantic, LLC STE 1000  $\,$ 

APOPKA, FL 32703

### Address

7751 Kingspointe Parkway Solantic, LLC STE 114 ORLANDO, FL 32819

# Address

136 Parliament Loop Solantic, LLC STE 102

LAKE MARY, FL 32746

#### Address

2555 S. Kirkman Road Solantic, LLC

ORLANDO, FL 32811

#### Address

1471 E. Osceola Parkway Solantic, LLC

KISSIMMEE, FL 34744

#### Address

5355 Red Bug Lake Rd Solantic, LLC WINTER SPRINGS, FL 32708

### Address

2306 E Irlo Bronson Memorial Solantic, LLC

KISSIMMEE, FL 34744

# Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

No Discipline Found

### **Public Complaints**

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 |
|---------------------------|---------------------------------|-----------------------|------------------------|
| BLEVINS, GRAIG EDWARD     | PRESCRIBING PHYSICIAN ASSISTANT | OSTEOPATHIC PHYSICIAN | 12408 9/3/2020         |
| GARGUILO, SAMANTHA        | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9110928 6/4/2025       |
| LE, MICHELLE              | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9116850 2/7/2024       |
| LE, MICHELLE              | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT   | 9116850 2/7/2024       |
| LIN, BRYAN PO-JUI         | SUBORDINATE                     | OSTEOPATHIC PHYSICIAN | 11565 9/3/2020         |
| MILLARD, CHRISTOPHER J DO | PRESCRIBING PHYSICIAN ASSISTANT | OSTEOPATHIC PHYSICIAN | 6911 9/3/2020          |
| OLIVER, ALORA             | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9109906 9/4/2020       |
| PROCTOR, JOSEPH EDGAR     | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9103407 9/13/2018      |
| PROCTOR, JOSEPH EDGAR     | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT   | 9103407 9/13/2018      |
| RACHELLI, DEREK JAMES     | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9104016 9/13/2018      |
| RACHELLI, DEREK JAMES     | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT   | 9104016 9/13/2018      |

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

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