#### **DOUGLAS ALVIN LYSSY**

## License Number: ME110142

Data As Of 8/20/2025

Profession Medical Doctor
License ME110142
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 06/03/2011

Address of Record 649 Dream Island Rd

LONGBOAT KEY, FL 34228

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

777 N Ashley Dr, #1706 TAMPA, FL 33602

# 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
HARRISON, KRISTIN NICOLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116946	1/25/2023
HORN, JOHN A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2200	11/23/2015

Name	Relationship	Profession	License	Effective Date
KATANICS, JANOS	SUBORDINATE	MEDICAL DOCTOR	84916	3/19/2016
POST, CYNTHIA SUE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3617	5/4/2018

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.