



CLARK ROBERT LACHCIK

License Number: PA9108265

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9108265
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/22/2014
Address of Record	1150 US-1 VERO BEACH, FL 32960
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1900 SE Port St. Lucie BLVD
PORT SAINT LUCIE, FL 34952

[Address](#)

5550 S US-1
FORT PIERCE, FL 34982

[Address](#)

5000 Okeechobee RD Suite C
FORT PIERCE, FL 34947

[Address](#)

1801 NE Jensen Beach BLVD
JENSEN BEACH, FL 34957

[Address](#)

1730 SW St. Lucie West BLVD
PORT SAINT LUCIE, FL 34986

[Address](#)

4007 SW Port St Lucie BLVD
PORT SAINT LUCIE, FL 34953

[Address](#)

10650 SW Tradition PKWY
PORT SAINT LUCIE, FL 34987

[Address](#)

640 21st ST
VERO BEACH, FL 32960

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.

Supervising Practitioners

Name	Relationship	Profession	Effective License	Date
NEZOWITZ, GREGG DAVID	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	75671	02/04/2022
REVE URGELLES, ADDYS DEL CARMEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	163785	12/05/2024

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](#)

1900 SE Port St. Lucie BLVD
PORT SAINT LUCIE, FL 34952

[Address](#)

5550 S US-1
FORT PIERCE, FL 34982

[Address](#)

5000 Okeechobee RD Suite C
FORT PIERCE, FL 34947

[Address](#)

1801 NE Jensen Beach BLVD
JENSEN BEACH, FL 34957

[Address](#)

1730 SW St. Lucie West BLVD
PORT SAINT LUCIE, FL 34986

[Address](#)

4007 SW Port St Lucie BLVD
PORT SAINT LUCIE, FL 34953

[Address](#)

10650 SW Tradition PKWY
PORT SAINT LUCIE, FL 34987

[Address](#)

640 21st ST
VERO BEACH, FL 32960

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.

Supervising Practitioners

Name	Relationship	Profession	Effective License Date
NEZOWITZ, GREGG DAVID	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	75671 02/04/2022
REVE URGELLES, ADDYS DEL CARMEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	163785 12/05/2024

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.