



## MAX C LINCOLN

License Number: ME114953

Data As Of 4/25/2026

Profession	Medical Doctor
License	ME114953
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	01/16/2013
Address of Record	2300 Park Ave Suite 206 ORANGE PARK, FL 32073
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

[Address](#)

2627 RIVERSIDE AVENUE SUITE 300  
JACKSONVILLE, FL 32204

[Address](#)

15255 MAX LEGGETT PRKWAY 5TH FLOOR  
JACKSONVILLE, FL 32218

[Address](#)

232 PONTE VEDRA PARK DRIVE  
PONTE VEDRA, FL 32082

[Address](#)

10475 CENTURION PARKWAY N. #220  
JACKSONVILLE, FL 32216

[Address](#)

4565 US HWY 17 SUITE 200  
FLEMING ISLAND, FL 32003

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LINCOLN, MAX C	114953	MEDICAL DOCTOR	ORANGE PARK	FL	201504532	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LINCOLN, MAX C	114953	MEDICAL DOCTOR	ORANGE PARK	FL	201504532	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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
GOLL, CHRISTOPHER ROBERT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91734	11/12/2024

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
MATHIAS, MARK ANTHONY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105501	6/13/2022
MATHIAS, MARK ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105501	11/5/2024
SPINNEY, ELIZABETH ANNE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104477	11/6/2023
SPINNEY, ELIZABETH ANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104477	11/6/2023

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