



MAX C LINCOLN

License Number: ME114953

Data As Of 12/23/2024

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|--|---|
| 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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| HEATH, DIANE MARIE MS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101440 | 6/30/2016 |
| MATHIAS, MARK ANTHONY | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105501 | 6/13/2022 |
| MATHIAS, MARK ANTHONY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105501 | 11/5/2024 |
| MCMAHON, DANIEL PATRICK | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107996 | 7/11/2022 |
| 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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