



LAWRENCE ALFRED LEWIS

License Number: ME128829

Data As Of 1/10/2026

Profession	Medical Doctor
License	ME128829
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/21/2016
Address of Record	4714 Okeechobee blvd MD Now Urgent Care WEST PALM BCH, FL 33417
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1021 N State Rd. 7 MD Now Urgent Care
ROYAL PALM BEACH, FL 33418

Address

11551 Southern blvd, suite 4 MD Now Urgent Care
ROYAL PLM BEACH, FL 33411

Address

2606 South Dixie Hwy MD Now Urgent Care
WEST PALM BCH, FL 33401

Address

2534 PGA blvd MD Now Urgent Care
PALM BEACH GARDENS, FL 33410

Address

1697 W Indiantown Rd MD Now Urgent Care
JUPITER, FL 33458

Address

9060 N Military Trail MD Now Urgent Care
PALM BEACH GARDENS, FL 33410

Address

2007 Palm Beach Lakes blvd MD Now Urgent Care
WEST PALM BEACH, FL 33409

Address

5240 Donald Ross Rd MD Now Urgent Care
PALM BEACH GARDENS, FL 33418

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, Box 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
DAVIS, RANDAL LEE	SUBORDINATE	MEDICAL DOCTOR	110579	2/21/2020
GELMAN, TATYANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104728	5/30/2019
NEZOWITZ, GREGG DAVID	SUBORDINATE	MEDICAL DOCTOR	75671	6/16/2021
PLEASANTS, TOM ADAIR	SUBORDINATE	OSTEOPATHIC PHYSICIAN	5751	10/15/2020

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

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