



## MARC STEVEN LAMPELL

### License Number: ME130939

Data As Of 8/20/2025

Profession	Medical Doctor
License	ME130939
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	01/13/2017
Address of Record	4560 LANTANA RD Ste 110/115 LAKE WORTH, FL 33463
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

12375 South Cleveland Ave. MedExpress Urgent Care- Fort Myers  
FORT MYERS, FL 33907

#### Address

960 W. Sugarland Highway MedExpress Urgent Care- Clewiston  
CLEWISTON, FL 33440

#### Address

313 SW Pine Island Rd. MedExpress Urgent Care- Cape Coral  
ESTERO, FL 33928

#### Address

19985 South Tamiami Trail MedExpress Urgent Care-Estero  
ESTERO, FL 33928

#### Address

1120 Homestead Road North MedExpress Urgent Care- Lehigh Acres  
LEHIGH ACRES, FL 33936

#### Address

13005 Collier Blvd. Medexpress Urgent Care- Golden Gate  
NAPLES, FL 34116

### 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
ALVAREZ-JACINTO, MANUEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109866	9/16/2022
DIAMOND, HOWARD MD	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	58424	2/22/2022
HOKE, JENNIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114372	7/18/2022
KAYAT, CHARLES MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106689	4/9/2024
MCARTHUR, LUCAS JAMES	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	126627	3/8/2022
PEDLEY, LAWRENCE LINDSAY JR	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107218	2/22/2022

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

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