



LAUREN MARGARET BALDWIN

License Number: PA9110368

Data As Of 8/7/2025

Profession	Physician Assistant
License	PA9110368
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	05/03/2017
Address of Record	7236 Stonerock Cr ORLANDO, FL 32819
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

891 outer rd suite A
ORLANDO, FL 32814

Address

22326 us hwy 27 suite B
LEESBURG, FL 34748

Address

61 riley rd
KISSIMMEE, FL 34747

Address

2080 oakley server dr suite 120/130
CLERMONT, FL 34711

Address

1222 s orange ave
ORLANDO, FL 32806

Address

7484 docs grove cr
ORLANDO, FL 32819

Address

100 N dean rd suite 202
ORLANDO, FL 32825

Address

503 cagan ridge blvd suite 200
CLERMONT, FL 34714

Address

392 rinehart rd suite 2080
LAKE MARY, FL 32746

Address

9679 lake nona village pl suite 105
ORLANDO, FL 32827

Address

521 W. state road 434
ORLANDO, FL 32825

Address

10000 w. colonial Dr. 4th floor
EATONVILLE, FL 32751

[Address](#)

2320 n orange ave
ORLANDO, FL 32804

[Address](#)

1001 e osceola pkwy suite 3200
KISSIMMEE, FL 34744

[Address](#)

1000 w. broadway st suite 105A
OVIEDO, FL 32765

[Address](#)

7243 della dr suite B
ORLANDO, FL 32819

[Address](#)

5151 winter garden vineland rd suite 103
WINDERMERE, FL 34786

[Address](#)

1900 don wickham dr
CLERMONT, FL 34711

[Address](#)

555 W. state road 434
LONGWOOD, FL 32750

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.

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