



CHELSIE LEIGH LUCAS

License Number: PA9110798

Data As Of 4/28/2026

Profession	Physician Assistant
License	PA9110798
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	10/02/2017
Address of Record	410 E SR-436 Unit 1020 ALTAMONTE SPRINGS, FL 32701
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

13935 Landstar Blvd
ORLANDO, FL 32824

Address

4670 Marigold Ave
POINCIANA, FL 34758

Address

628 Cagan View Rd
CLERMONT, FL 34714

Address

2438 Kirkman Rd
ORLANDO, FL 32811

Address

8972 Turkey Lake Road
ORLANDO, FL 32819

Address

5845 Winter Garden Vineland Rd
WINDERMERE, FL 34786

Address

805 East Country Rd. 466
LADY LAKE, FL 32159

Address

901 Currency Circle
LAKE MARY, FL 32746

Address

5102 State Hwy 46
SANFORD, FL 32771

Address

1328 N. Woodland Blvd
DELAND, FL 32720

Address

7460 University Blvd
WINTER PARK, FL 32792

[Address](#)

92 E Mitchell Hammock Rd
OVIEDO, FL 32765

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
YI, DAVID CHANG	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	103801	04/01/2025
YI, DAVID CHANG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103801	04/01/2025

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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