



## LAWRENCE DUANE LEE

License Number: PA9111403

Data As Of 4/21/2026

Profession	Physician Assistant
License	PA9111403
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	07/19/2018
Address of Record	2125 Crystal Crystal Grove Dr Lakeland LAKELAND, FL 33801
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

3221 SOUTH FLORIDA AVE SURGICAL CENTER OF CENTER FLORIDA  
LAKELAND, FL 33803

### Address

2125 Crystal US HWY 27 HEART OF FLORIDA REGIONAL MEDICAL CENTER  
LAKELAND, FL 33801

## 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
ELMASRI, FAKHIR FATHI	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	87990	10/01/2018

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

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