



## MAGED S HAMZA

### License Number: ME145579

Data As Of 4/8/2025

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| Profession   | Medical Doctor                                 |
| License  | ME145579                                       |
| License Status   | CLEAR/Active                                   |
| Qualifications   | Dispensing Practitioner                        |
| License Expiration Date  | 1/31/2026                                      |
| License Original Issue Date  | 05/17/2020                                     |
| Address of Record  | 404 NW Hall of Fame Dr.<br>LAKE CITY, FL 32055 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | Yes  |
| Discipline on File   | No   |
| Public Complaint   | No   |

### Secondary Locations

#### Address

801 N. Orange Ave. Suite 530  
ORLANDO, FL 32801

#### Address

1811 Blanding Blvd. Suite 102  
MIDDLEBURG, FL 32068

#### Address

1361 13th Ave S. Suite 250A  
JACKSONVILLE BEACH, FL 32250

#### Address

280 Dundas Dr.  
JACKSONVILLE, FL 32218

#### Address

1821 Blanding Blvd.  
MIDDLEBURG, FL 32068

#### Address

2700 Riverside Ave. Suite 2  
JACKSONVILLE, FL 32205

#### Address

1564 Kingsley Ave. Suite 300  
ORANGE PARK, FL 32073

#### Address

8262 Point Meadows Dr. Suite 202  
JACKSONVILLE, FL 32256

### 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 |
|----------------------|---------------------------------|---------------------|---------|----------------|
| GAMIZ, RICHARD       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101381 | 5/9/2022       |
| HORNE, LESLIE SUZANN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103683 | 5/9/2022       |

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

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