



JULIEN BEATTIE-LANOUE

License Number: ME151328

Data As Of 7/8/2025

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| Profession | Medical Doctor |
| License | ME151328 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 06/13/2021 |
| Address of Record | 540 Medical Oaks Ave Suite 102 BRANDON, FL 33511 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

9598 US Highway 301 S Advanced Dermatology & Cosmetic Surg
RIVERVIEW, FL 33578

Address

14521 University Pt Place Advanced Dermatology & Cosmetic Surg
TAMPA, FL 33613

Address

27612 Cashford Cir Suite 102 Advanced Dermatology and Cosmetic Surg.
WESLEY CHAPEL, FL 33544

Address

2835 W Deleon Street Suite 103 Advanced Dermatology & Cosmetic Surg
TAMPA, FL 33609

Address

202 Lake Miriam Dr #1
LAKELAND, FL 33813

Address

5060 Commercial Way
SPRING HILL, FL 34606

Address

6719 Gall Blvd #106
ZEPHYRHILLS, FL 33541

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 |
|-----------------------|---------------------------------|---------------------|---------|----------------|
| LEYNES, REBECCA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105071 | 12/7/2022 |
| RODRIGUEZ, ALEX DAVID | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108220 | 9/27/2023 |
| TANNER, CARLY LYNN | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105781 | 12/7/2022 |

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

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