



EMLYN LOUIS

License Number: ACN256

Data As Of 12/13/2025

Profession	Area of Critical Need Medical Doctor
License	ACN256
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/20/2007
Address of Record	2718 Lee Blvd Suite B Best Care Community and Family Health LEHIGH ACRES, FL 33971
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

3049 Cleveland Ave Ste 110
FORT MYERS, FL 33901

Address

2718 Lee Blvd Ste B
LEHIGH ACRES, FL 33971

Address

241 1st Street Unit AB
IMMOKALEE, FL 34142

Address

10401 US 441 Ste 404
LEESBURG, FL 34788

Address

371 S Main St
BELLE GLADE, FL 33430

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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