



## DAVID HENRY JABLONSKI

License Number: ME65714

Data As Of 12/24/2024

Profession	Medical Doctor
License	ME65714
License Status	CLEAR/Active
License Expiration Date	1/31/2026
License Original Issue Date	02/08/1994
Address of Record	303 E Par St. ORLANDO, FL 32804
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1000 W. Broadway Street Suite 150  
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
AGNEW, SAMUEL G MD	SUPERVISOR	MEDICAL DOCTOR	102967	07/09/2015
DEANGELIS, NATHAN CHRISTOPHER D O	SUPER-DO	OSTEOPATHIC PHYSICIAN	11555	06/30/2015
FARKAS, JACQUES NATHAN MD	SUPERVISOR	MEDICAL DOCTOR	53374	07/09/2015

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

## Subordinate Practitioners

Name	Relationship	Profession	Effective License Date
JOHNSON, CHRISTY ELLYN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106654 10/1/2020
UROLOGICAL AMBULATORY SURGERY CENTER, IN	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1/14/2009
UROLOGICAL AMBULATORY SURGERY CENTER, IN	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2/6/2009

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