



CHARLES STEVEN LAMBERT

License Number: PA9103933

Data As Of 8/4/2025

Profession	Physician Assistant
License	PA9103933
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/28/2006
Address of Record	1619 Creighton Rd Pensacola Nephrology Suite 1 PENSACOLA, FL 32504-7152
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

5149 N 9th Avenue Suite G35
PENSACOLA, FL 32504-8733

Address

2940 N Blue Angel Pkwy Pensacola Nephrology, PA dba Renalus Ctr for Kidney Center
PENSACOLA, FL 32506-2925

Address

6001 Industrial Blvd Pensacola Nephrology, PA dba Renalus Ctr for Kidney Center
CENTURY, FL 32535-3312

Address

221 E Redstone Pensacola Nephrology, PA dba Renalus Ctr for Kidney Center
CRESTVIEW, FL 32539-5337

Address

2583 Gulf Breeze Parkway Pensacola Nephrology, PA dba Renalus Ctr for Kidney Center
GULF BREEZE, FL 32563-3043

Address

14114 Alabama Street Pensacola Nephrology, PA dba Renalus Ctr for Kidney Center
JAY, FL 32565-1219

Address

319 Green Acres Road/Suite 103 Pensacola Nephrology, PA dba Renalus Ctr for Kidney Center
FT WALTON BEACH, FL 32547-1170

Address

5976 Berryhill Road Ste A Pensacola Nephrology, PA dba Renalus Ctr for Kidney Center
MILTON, FL 32570-4099

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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