### DAVID MARK HARBOUR

## License Number: OS8124

Data As Of 11/21/2025

Profession Osteopathic Physician

License OS8124
License Status Clear/Active

Qualifications STATE OF PRINCIPAL LICENSURE

**Dispensing Practitioner** 

License Expiration Date 3/31/2026
License Original Issue Date 04/07/2000

Address of Record 445 Seminole Woods Boulevard

GENEVA, FL 32732

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

110 NORTH ORLANDO AVE SUITE 14 MAITLAND, FL 32751

#### Address

4250 Alafaya Trail Suite 188 OVIEDO, FL 32765

#### Address

15532 West Colonial Dr Suite B WINTER GARDEN, FL 34787

### Address

AxiomHealth Management LLC 1180 Spring Centre South Blvd, Suite 225

ALTAMONTE SPRINGS, FL 32714

#### Address

AALWM Clinic PLLC 1180 Spring Centre South Blvd, Suite 355

ALTAMONTE SPRINGS, FL 32714

### Address

443 West Cr 419 Suite 1041 OVIEDO, FL 32766

# 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:

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
PELLY, AMANDA JANE	SUPERVISOR	MEDICAL DOCTOR	125040	01/01/2021

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## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
BLUSH MEDSPA & LASER	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1343	11/22/2021
COATS, HAL BROOKS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103900	7/1/2021
H & H MEDICAL SERVICE PLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	171	12/22/2008
HAMILTON, CARLTON CARMICHAEL II	SUBORDINATE	MEDICAL DOCTOR	87840	3/1/2020
HULTZ, CINTIA HENRIQUES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109327	11/11/2022
JOHNSON, IAN JAMES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110730	7/1/2021
LEBLANC, JILL ELIZABETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114533	7/1/2021
LENTZ, JUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117333	5/8/2024
MEJIA, MAURICIO ANDRES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109507	11/27/2018
MILLER, LISA ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102983	7/1/2021
MITCHELL, CRAIG ROBERT MD	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	102920	7/1/2021
MITCHELL, CRAIG ROBERT MD	SUBORDINATE	MEDICAL DOCTOR	102920	2/26/2021
NOTMAN, BRITTANY RENEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107171	7/1/2021
POLSKY, MARK DAVID	PRESCRIBING PHYSICIAN ASSISTANT	OSTEOPATHIC PHYSICIAN	6275	7/1/2021
THOMPSON, SARA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108278	7/1/2021
VOGT, JASON M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107868	7/1/2021

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