Florida HEALTH Department of Health

THOMAS C. LACKEY II

License Number: OS10031

Data As Of 10/30/2026

Profession	Osteopathic Physician
License	OS10031
License Status	Obligations/Active
License Expiration Date	3/31/2028
License Original Issue Date	02/26/2007
Address of Record	4759 LAKEVIEW DRIVE SEBRING, FL 33870
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address
1217 Jacaranda Blvd
VENICE, FL 34292

Address
9114 Town Center Pkwy Suite 101
LAKEWOOD RACH, FL 34202

Address
19790 Wellen Park Blvd Suite 201
VENICE, FL 34293

Address
4741 LAKEVIEW DRIVE
SEBRING, FL 33870

Address
7405 US Highway 27 North
SEBRING, FL 33870

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LACKEY, THOMAS C.	10031	OSTEOPATHIC PHY	SEBRING	FL	202000331	OBLIGATION(S) SATISFIED
LACKEY, THOMAS C.	10031	OSTEOPATHIC PHY	SEBRING	FL	202239756	OBLIGATIONS IMPOSED
LACKEY, THOMAS C.	10031	OSTEOPATHIC PHY	SEBRING	FL	202247279	OBLIGATIONS IMPOSED

Public Complaints

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LACKEY, THOMAS C.	10031	OSTEOPATHIC PHYSICIAN	SEBRING	FL	202247279	AC FILED

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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
FULTZ, RAEANN COLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118815	2/25/2026
MERTAN, FRANCESCA VICTORIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115198	11/7/2022

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

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