

THOMAS C. LACKEY II

License Number: OS10031

Data As Of 11/27/2025

Profession Osteopathic Physician

License Status Clear/Active
License Expiration Date 3/31/2026
License Original Issue Date 02/26/2007

Address of Record 4759 LAKEVIEW DRIVE SEBRING, FL 33870

Yes

Controlled Substance Prescriber
(for the Treatment of Chronic Non-

(for the Treatment of Chronic Non-malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

7405 US Highway 27 North SEBRING, FL 33870

Address

4741 LAKEVIEW DRIVE SEBRING, FL 33870

Address

19790 Wellen Park Blvd Suite 201

VENICE, FL 34293

Address

9114 Town Center Pkwy Suite 101 LAKEWOOD RACH, FL 34202

Address

1217 Jacaranda Blvd VENICE, FL 34292

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

Public Complaints

Name	License	Profession	City	State	Case#	Action Taken
LACKEY, THOMAS C.	10031	OSTEOPATHIC PHYSICIAN	SEBRING	FL	202247279	AC FILED
LACKEY, THOMAS C.	10031	OSTEOPATHIC PHYSICIAN	SEBRING	FL	202000331	AC FILED
LACKEY, THOMAS C.	10031	OSTEOPATHIC PHYSICIAN	SEBRING	FL	202239756	AC FILED

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
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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