



## LUCAS WAYNE MALIWACKI

### License Number: PA9108377

Data As Of 1/26/2026

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| Profession   | Physician Assistant                          |
| License  | PA9108377                                    |
| License Status   | Clear/Active                                 |
| Qualifications   | Prescribing                                  |
| License Expiration Date  | 1/31/2028                                    |
| License Original Issue Date  | 11/04/2014                                   |
| Address of Record  | 2020 59th Street West<br>BRADENTON, FL 34209 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No   |
| Discipline on File   | No   |
| Public Complaint   | No   |

## Secondary Locations

### Address

8330 Lakewood Ranch Blvd  
LAKEWOOD RANCH, FL 34202

### Address

5731 BEE RIDGE RD DOCTORS HOSPTIAL OF SARASOTA  
SARASOTA, FL 34233

### Address

700 medical blvd  
SARASOTA, FL 34233

### Address

5731 Bee Ridge Road Doctors Hospital  
SARASOTA, FL 34233

## 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            | Effective License Date |
|------------------------------|--------------------------------------|-----------------------|------------------------|
| HIERHOLZER, DANNY MICHAEL DO | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 11234 07/14/2022       |

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

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