



MARC A. BAUMGARD M.D.

License Number: ME125761

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME125761
License Status	CLEAR/Active
License Expiration Date	1/31/2026
License Original Issue Date	10/01/2015
Address of Record	502 SW Ray Avenue SAINT LUCIE WEST, FL 34983
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BAUMGARD, MARC A.	125761	MEDICAL DOCTOR	SAINT LUCIE WEST	FL	202112986	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BAUMGARD, MARC A.	125761	MEDICAL DOCTOR	SAINT LUCIE WEST	FL	202112986	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
CHIOLA, MCKENZIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115632	4/12/2022

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

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