Florida HEALTH Department of Health

LAUREN BAHL

License Number: PA9110535

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9110535
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	08/07/2017
Address of Record	Florida Hospital Medical Group 2600 Westhall Lane 4th floor MAITLAND, FL 32751
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
601 E Rollins Street AdventiHealth Orlando
LAKE MARY, FL 32746

Address
7727 Lake Underhill Road AdventHealth East Orlando
ORLANDO, FL 32833

Address
400 Celebration Place AdventHealth Celebration
CELEBRATION, FL 34747

Address
601 E Altamonte Drive AdventHealth Altamonte
ALTAMONTE SPRINGS, FL 32701

Address
2100 Ocoee Apopka Rd AdventHealth Apopka
APOPKA, FL 32703

Address
200 N Lakemont Avenue AdventHealth Winter Park
WINTER PARK, FL 32792

Address
2450 N Orange Blossom Tr AdventHealth Kissimmee
KISSIMMEE, FL 34744

Address
1000 Waterman Way AdventHealth Waterman
TAVARES, FL 32778

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TAVARES, FL 32778

Address
400 Celebration Place
CELEBRATION, FL 34747

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2450 North Orange Blossom Tr

KISSIMMEE, FL 34744

Address

601 E. Altamonte Dr.

ALTAMONTE SPRINGS, FL 32701

Address

200 North Lakemont Ave

WINTER PARK, FL 32792

Address

7727 Lake Underhill Rd.

ORLANDO, FL 32822

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	License	Effective Date
OLIVEIRA, EDUARDO C CAMACHO MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81926	12/13/2021

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

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