



## MARLENE K LAMBIASO MD

### License Number: ME41781

Data As Of 7/16/2025

Profession	Medical Doctor
License	ME41781
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	02/28/1983
Address of Record	8132 Lee Vista Blvd, Unit B ORLANDO, FL 32811
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

3301 4th St N Suite 100  
SAINT PETERSBURG, FL 33704

#### Address

10959 West Colonial Drive  
OCOE, FL 34761

#### Address

3581 SW Archer Road #40  
GAINESVILLE, FL 32608

#### Address

6000 TURKEY LAKE ROAD SUITE 209  
ORLANDO, FL 32819

#### Address

3925 NW 43RD STREET SOLANTIC, LLC  
GAINESVILLE, FL 32606

#### Address

2415 SW COLLEGE ROAD SOLANTIC, LLC  
OCALA, FL 34474

#### Address

3840 E. STATE ROAD 436, SOLANTIC, LLC Suite 1000  
APOPKA, FL 32703

#### Address

4895 East Bay Drive, Unit 120  
LARGO, FL 33764

#### Address

7751 KINGSPONTE PARKWAY, SOLANTIC, LLC Suite 114  
ORLANDO, FL 32819

#### Address

136 PARLIAMENT LOOP, SOLANTIC, LLC suite 102  
LAKE MARY, FL 32746

#### Address

10959 W. Colonial Dr  
OCOE, FL 34761

Address

1414 E. OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

Address

2323 S. ORANGE AVENUE  
ORLANDO, FL 32806

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
GLENNON, NIKKI BELL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110503	9/22/2020
GLENNON, NIKKI BELL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110503	9/28/2020
KLANSKY, ANDREW THOMAS	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111809	6/11/2025
KLANSKY, ANDREW THOMAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111809	6/11/2025

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

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