



ABRAHAM JOSEPH LAYON

License Number: ME42455

Data As Of 4/23/2025

Profession	Medical Doctor
License	ME42455
License Status	CLEAR/Active
License Expiration Date	1/31/2027
License Original Issue Date	07/18/1983
Address of Record	Lake City Hospital 340 NW Commerce Drive LAKE CITY, FL 32055
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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
AMINZADEH, MARYAM	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	17	10/27/2008
HAO, PHINARAK	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	44	10/19/2009
PROVOST, MICHAEL JOHN	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	41	12/14/2009

Name	Relationship	Profession	License	Effective Date
WEIRICH, NATHAN DOUGLAS	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	29	1/12/2009

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

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