

**LEWIS WASSERMAN MD****License Number: ME53446***Data As Of 1/26/2026*

Profession	Medical Doctor
License	ME53446
License Status	Clear/Active
Qualifications	STATE OF PRINCIPAL LICENSURE
License Expiration Date	1/31/2028
License Original Issue Date	06/21/1988
Address of Record	2322 E Irlo Bronson Memorial H KISSIMMEE, FL 34744
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

**Address**

3801 W Lake Mary Boulevard Suite 123  
LAKE MARY, FL 32746

**Address**

11325 Lake Underhill Road Suite 103  
ORLANDO, FL 32825

**Address**

131 SW Port St. Lucie Boulevar  
PORT SAINT LUCIE, FL 34984

**Address**

145 Palm Bay Road NE  
MELBOURNE, FL 32904

**Address**

1267 W Osceola Parkway  
KISSIMMEE, FL 34741

**Address**

620 S Hunt Club Boulevard  
APOPKA, FL 32703

**Address**

13750 W Colonial Drive Suite 250  
WINTER GARDEN, FL 34787

**Address**

10325 San Jose Boulevard  
JACKSONVILLE, FL 32257

## 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
BALMERT, WHITNEY HANNA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105724	2/3/2016
MOORE, CAITLYN POWER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108166	2/25/2016

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

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