



## LISA MARIA GONZALEZ-ABELLO

### License Number: ME71260

Data As Of 12/17/2025

Profession	Medical Doctor
License	ME71260
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	08/12/1996
Address of Record	1750 17th Street Bldg. N Centerplace Health Administration SARASOTA, FL 34234
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1750 17th Street. Bldg. E  
SARASOTA, FL 34234

#### Address

6950 Outreach Way  
NORTH PORT, FL 34287

#### Address

1900 Brother Greenen Way  
SARASOTA, FL 34236

### 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
RIDGE, KRISTEN MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116548	10/19/2022

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

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