



## MARK ALLEN STEINER

### License Number: ME82743

Data As Of 4/30/2026

Profession	Medical Doctor
License	ME82743
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	06/19/2001
Address of Record	7483 Sand Lake Commons Blvd Suite 100 ORLANDO, FL 32819
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1711 Amazing Way Suite 206 & 207  
OCOEE, FL 34761

#### Address

7148 Curry Ford Road Suite 200  
ORLANDO, FL 32822

#### Address

805 Oakley Seaver Dr Suite A  
CLERMONT, FL 34711

#### Address

795 Primera Blvd Suite 1021 & 1031  
LAKE MARY, FL 32746

#### Address

207 Park Place Blvd Suite 3  
KISSIMMEE, FL 34741

#### Address

2859 Delaney Ave Suite 100  
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:

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
CARDIOLOGY ASSOCIATES OF ORLANDO	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	631	12/29/2008
COOK, CASSANDRA M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116555	1/22/2025
GUNASEKERA, LUSHANTHA SAJOTHA	SUBORDINATE	MEDICAL DOCTOR	90665	8/10/2020
MAK, SOPHIE LOK YAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109602	10/3/2016

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### Address

1711 Amazing Way Suite 206 & 207  
OCOE, FL 34761

### Address

7148 Curry Ford Road Suite 200  
ORLANDO, FL 32822

### Address

805 Oakley Seaver Dr Suite A  
CLERMONT, FL 34711

### Address

795 Primera Blvd Suite 1021 & 1031  
LAKE MARY, FL 32746

### Address

207 Park Place Blvd Suite 3  
KISSIMMEE, FL 34741

### Address

2859 Delaney Ave Suite 100  
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
CARDIOLOGY ASSOCIATES OF ORLANDO	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	631	12/29/2008
COOK, CASSANDRA M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116555	1/22/2025
GUNASEKERA, LUSHANTHA SAJOTHA	SUBORDINATE	MEDICAL DOCTOR	90665	8/10/2020
MAK, SOPHIE LOK YAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109602	10/3/2016

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.