



## MARY LORINCZ MOLLOY

License Number: PA9105263

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9105263
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	10/14/2009
Address of Record	8981 COLONIAL CENTER DRIVE FORT MYERS, FL 33905
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

2776 Cleveland Ave Lee Memorial Hospital  
FORT MYERS, FL 33901

### Address

9981 Health Park Drive Health Park Medical Park  
FORT MYERS, FL 33908

### Address

13681 Doctors Way Gulf Coast Medical Center  
FORT MYERS, FL 33912

### Address

636 Del Prado Blvd Cape Coral Hospital  
CAPE CORAL, FL 33990

### Address

8260 Gladiolus Drive  
FORT MYERS, FL 33908

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
HART, LOWELL LAMONT MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	39180	11/01/2009

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

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