



## KRISTEN JANE CIRILLO

### License Number: PA2623

Data As Of 8/27/2025

Profession	Physician Assistant
License	PA2623
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	03/10/1993
Address of Record	2007 Palm Beach Lakes Blvd WEST PALM BEACH, FL 33437
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

2272 N. CONGRESS AVE. MD NOW MEDICAL CENTERS, INC.  
BOYNTON BEACH, FL 33426

#### Address

2007 PALM BEACH LAKES BLVD. MD NOW MEDICAL CENTERS, INC.  
WEST PALM BEACH, FL 33409

#### Address

6699 W. BOYNTON BEACH BLVD. MD NOW MEDICAL CENTERS, INC.  
BOYNTON BEACH, FL 33437

#### Address

601 LINTON BLVD. MD NOW MEDICAL CENTERS, INC.  
DELRAY BEACH, FL 33444

#### Address

7035 BERACASA WAY MD NOW MEDICAL CENTERS INC.  
BOCA RATON, FL 33433

#### Address

4570 LANTA RD. MD NOW MEDICAL CENTERS, INC.  
LAKE WORTH, FL 33463

#### Address

11551 SOUTHERN BLVD. MD NOW MEDICAL CENTERS, INC.  
ROYAL PLM BEACH, FL 33411

#### Address

6868 FOREST HILL BLVD. MD NOW MEDICAL CENTERS, INC.  
GREENACRES, FL 33413

#### Address

9060 N. MILITARY TRAIL MD NOW MEDICAL CENTERS, INC.  
PALM BEACH GARDENS, FL 33410

### 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	Effective	
			License	Date
MAY, DUSTIN WEBSTER CAMPBELL	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13262	05/30/2022
WELLIVER, TODD ALAN M D	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	92061	07/21/2025
WELLIVER, TODD ALAN M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	92061	07/24/2025

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

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