



CARRIE MAE STONEKING D.O.

License Number: OS12096

Data As Of 11/24/2024

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|--|--------------------------------------|
| Profession | Osteopathic Physician |
| License | OS12096 |
| License Status | CLEAR/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 3/31/2026 |
| License Original Issue Date | 03/20/2013 |
| Address of Record | 3301 w gandy blvd TAMPA, FL 33611 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

40545 us 19th N
TARPON SPRINGS, FL 34689

Address

5464 Lithia Pinecrest Rd
LITHIA, FL 33547

Address

7601 Seminole Blvd
SEMINOLE, FL 33772

Address

6182 N US Hwy 41
APOLLO BEACH, FL 33572

Address

303 W Palm Ave
TAMPA, FL 33602

Address

3251 66th St N
SAINT PETERSBURG, FL 33710

Address

5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address

564 Channel Side Drive
TAMPA, FL 33602

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 |
|------------------|---------------------------------|----------------|---------|----------------|
| FROMMANN, NICOLE | PRESCRIBING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 81429 | 6/15/2021 |
| FROMMANN, NICOLE | SUBORDINATE | MEDICAL DOCTOR | 81429 | 6/15/2021 |

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

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