



## KIMBERLY SUE WYATT

### License Number: ME121614

Data As Of 9/10/2025

Profession	Medical Doctor
License	ME121614
License Status	Obligations/Active
License Expiration Date	1/31/2027
License Original Issue Date	09/16/2014
Address of Record	509 Riverside Drive Suite 303 STUART, FL 34994
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WYATT, KIMBERLY SUE	121614	MEDICAL DOCTOR	STUART	FL	202117561	OBLIGATIONS IMPOSED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WYATT, KIMBERLY SUE	121614	MEDICAL DOCTOR	STUART	FL	202117561	AC FILED

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
DEMBINSKI, MORGAN MATHIAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107342	10/28/2019

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

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