

## **KEVIN EDMUND JOHNSON**

# License Number: ME124826

Data As Of 11/2/2025

Profession Medical Doctor
License ME124826
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 07/07/2015

Address of Record 7460 University Blvd

Suite 110

Yes

WINTER PARK, FL 32792

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

## Address

410 E Altamonte Dr. Suite 1020 ALTAMONTE SPRINGS, FL 32714

## Address

5102 W SR 46 SANFORD, FL 32771

## Address

901 Currency Cir Suite 1001 LAKE MARY, FL 32746

#### Address

8972 Turkey Lake Rd ORLANDO, FL 32819

## Address

805 Co Rd 466

LADY LAKE, FL 32159

#### Address

1328 N Woodland Blvd DELAND, FL 32720

#### Address

92 E Mitchell Hammock Suite 1006

OVIEDO, FL 32765

### Address

13935 Landstar Blvd Suite 150

ORLANDO, FL 32824

#### Address

2438 S Kirkman Rd ORLANDO, FL 32811

## Address

628 US HWY 27 Suite 4 CLERMONT, FL 34714

#### Address

5845 Winter Garden Vineland Rd WINDERMERE, FL 34786

#### Address

4670 Marigold Ave POINCIANA, FL 34758

# 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
HUDAK, MATTI ELIZABETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116088	11/14/2023
KOONTZ, KAILEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113974	3/26/2025
ROBERTSON, JACOB ANDREW	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116481	12/11/2023
SHANNON, PAIGE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113222	12/15/2023

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

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