



KENDALL CORY MARHALIK

License Number: PA9109526

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9109526
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	05/10/2016
Address of Record	1900 Don Wickham drive CLERMONT, FL 34711
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

52 West Underwood Street Orlando Regional Medical Center
ORLANDO, FL 32806

[Address](#)

9400 Turkey Lake Rd Dr. P. Phillips Hospital
ORLANDO, FL 32819

[Address](#)

555 W. SR 434 South Seminole Hospital
LONGWOOD, FL 32750

[Address](#)

92 West Miller Street Arnold Palmer Hospital for Children
ORLANDO, FL 32806

[Address](#)

1001 E. Osceola Parkway Osceola Tupperware FSED
KISSIMMEE, FL 34744

[Address](#)

22316 US Hwy 27 Orlando Health Emergency Room & Medical Blue Cedar
LEESBURG, FL 34748

[Address](#)

16966 Cagan Ridge Blvd Orlando Health Southlake Hospital Four Corners ER
CLERMONT, FL 34714

[Address](#)

10000 W. Colonial Dr. Orlando Health-Health Central Hospital
OCOE, FL 34761

[Address](#)

1900 DON WICKHAM DR. SOUTH LAKE HOSPITAL
CLERMONT, FL 34711

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
PACHECO PARES, LUIS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	167514	07/21/2025

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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