



CORY MICAL EDGAR

License Number: PA9109621

Data As Of 2/1/2026

Professional	Physician Assistant
License	PA9109621
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	06/30/2016
Address of Record	2415 N. ORANGE AVENUE STE.#601 ADVENTHEALTH CENTER FOR BLOOD AND MARROW TRANSPLANT ORLANDO, FL 32804
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

601 E. Rollins Avenue
ORLANDO, FL 32804

Address

2501 N.ORANGE AVE. FLORIDA HOSPITAL MEDICAL GROUP
ORLANDO, FL 32804

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, Box 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
MORI, SHAHRAM	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	120835	10/05/2023
VARELA, JUAN CARLOS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	133835	06/21/2022

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

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