



## DAVID ALLEN JOHNSON

License Number: PA2844

Data As Of 11/22/2024

|  |   |
|--|---|
| Profession   | Physician Assistant   |
| License  | PA2844  |
| License Status   | CLEAR/Active  |
| Qualifications   | Prescribing   |
| License Expiration Date  | 1/31/2026   |
| License Original Issue Date  | 12/27/1994  |
| Address of Record  | 12902 MAGNOLIA DR<br>Moffitt Cancer Center<br>TAMPA, FL 33612 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

#### Address

501 6TH STREET SOUTH ALL CHILDREN HOSPITAL/John Hopkins  
SAINT PETERSBURG, FL 33701

#### Address

12220 BRUCE B. DOWNS BLVD. ALL CHILDREN'S SPECIALTY CLINIC  
TAMPA, FL 33612

#### Address

4101 JIM WALTER BLVD. MOFFITT AT INTERNATIONAL PLAZA  
TAMPA, FL 33607

#### Address

10902 N. MCKINLEY DR. MOFFITT MCKINLEY OUTPATIENT TREATMENT CENTER  
TAMPA, FL 33612

#### Address

2590 Healing way Suite 100-200  
WESLEY CHAPEL, FL 33544

#### Address

10901 McKinley Drive  
TAMPA, FL 33612

### 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 |
|-------------------------------|--------------------------------------|----------------|---------|----------------|
| BINITIE, OMOHODION TEMISANJU  | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 117296  | 10/22/2021     |
| GONZALEZ, RICARDO JORGE M D   | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 102674  | 11/08/2021     |
| JOYCE, DAVID MICHAEL          | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 124660  | 05/01/2023     |
| LAZARIDES, ALEXANDER LEANDROS | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 156347  | 08/30/2022     |
| MULLINAX, JOHN ELLIS          | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 107440  | 11/08/2021     |

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

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