



JOSMARY LEVY OBANDO

License Number: PA9110753

Data As Of 11/21/2024

Profession	Physician Assistant
License	PA9110753
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/26/2017
Address of Record	2488 E Irlo Bronson Memorial Hwy KISSIMMEE, FL 34744
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

201 N PARK AVE FLORIDA HOSPITAL APOPKA
APOPKA, FL 32703

[Address](#)

400 CELEBRATION PL FLORIDA HOSPITAL CELEBRATION
CELEBRATION, FL 34747

[Address](#)

7727 LAKE UNDERHILL DR FLORIDA HOSPITAL EAST ORLANDO
ORLANDO, FL 32822

[Address](#)

601 E ROLLINS ST FLORIDA HOSPITAL FOR CHILDREN
ORLANDO, FL 32803

[Address](#)

2450 N ORANGE BLOSSOM TRL FLORIDA HOSPITAL KISSIMMEE
KISSIMMEE, FL 34744

[Address](#)

2000 FOWLER GRAOVE BLVD FLORIDA HOSPITAL WINTER GARDEN
WINTER GARDEN, FL 34787

[Address](#)

601 E ROLLINS ST FLORIDA HOSPITAL ORLANDO
ORLANDO, FL 32803

[Address](#)

200 N LAKEMONT AVE FLORIDA HOSPITAL WINTER PARK
WINTER PARK, FL 32792

[Address](#)

950 RINEHART RD FLORIDA HOSPITAL LAKE MARY
LAKE MARY, FL 32746

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
HENDRIX, TIMOTHY WAYNE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65142	01/05/2021

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

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