



## STEPHEN EPPINGER

License Number: PA9110497

Data As Of 4/23/2026

|  |   |
|--|---|
| Profession   | Physician Assistant   |
| License  | PA9110497   |
| License Status   | Clear/Active  |
| Qualifications   | Prescribing   |
| License Expiration Date  | 1/31/2028   |
| License Original Issue Date  | 07/20/2017  |
| Address of Record  | 298 S Yonge Street<br>AdventHealth Ormond<br>ORMOND BEACH, FL 32174 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

## Secondary Locations

### Address

701 W.PLYMOUTH AVE. AdventHealth DELAND  
DELAND, FL 32720

### Address

1055 SAXTON BLVD. AdventHealth FISH MEMORIAL  
ORANGE CITY, FL 32763

### Address

401 PALMETTO ST. AdventHealth NEW SMYRNA  
NEW SMYRNA BEACH, FL 32168

### Address

60 MEMORIAL MEDICAL PKWY. AdventHealth Palm Coast  
PALM COAST, FL 32164

### Address

301 MEMORAIL MEDICAL PKWY. FLORIDA HOSPITAL MEMORIAL  
DAYTONA BEACH, FL 32117

### Address

1 AdventHealth Wy AdventHealth Palm Coast Parkway  
PALM COAST, FL 32137

## 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 |
|-------------------------------|---|--------------------------|---------|----------------|
| LIVINGSTON, ROBERT<br>TERENCE | SUPERVISING PRESCRIBING<br>PRACTITIONER | MEDICAL DOCTOR           | 83159   | 08/24/2017     |
| MCNAMEE, JUSTIN JAMES         | SUPERVISING PRESCRIBING<br>PRACTITIONER | OSTEOPATHIC<br>PHYSICIAN | 12888   | 08/24/2017     |
| MOSES, DUSTY ALLEN DR         | SUPERVISING PRESCRIBING<br>PRACTITIONER | MEDICAL DOCTOR           | 115932  | 08/24/2017     |
| MUCCIOLO, PAUL MD             | SUPERVISING PRESCRIBING<br>PRACTITIONER | MEDICAL DOCTOR           | 69281   | 08/24/2017     |
| RAMIA, MICHELLE MARIE         | SUPERVISING PRESCRIBING<br>PRACTITIONER | MEDICAL DOCTOR           | 116871  | 08/24/2017     |
| SISKO, MATTHEW DAVID          | SUPERVISING PRESCRIBING<br>PRACTITIONER | MEDICAL DOCTOR           | 111919  | 08/24/2017     |
| WEINER, TRACY I DO            | SUPERVISING PRESCRIBING<br>PRACTITIONER | OSTEOPATHIC<br>PHYSICIAN | 7471    | 08/24/2017     |

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