



ROBYN SCHICKLER

License Number: ME145339

Data As Of 8/18/2025

Profession	Medical Doctor
License	ME145339
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	05/01/2020
Address of Record	236 East Bearss Avenue TAMPA, FL 33613
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8068 N 56th Street
TAMPA, FL 33617

Address

2250 E Edgewood Drive
LAKELAND, FL 33803

Address

736 Central Ave
SARASOTA, FL 34236

Address

33 6th Street South
SAINT PETERSBURG, FL 33701

Address

6418 Commerce Park Drive
FORT MYERS, FL 33966

Address

1425 Creech Road
NAPLES, FL 34103

Address

610 Oak Commons Blvd
KISSIMMEE, FL 34741

Address

11500 University Blvd Suite B
ORLANDO, FL 32817

Address

263 North University Drive
PEMBROKE PINES, FL 33024

Address

585 NW 161 Street 2nd and 3rd floor
MIAMI, FL 33169

Address

8900 SW 117 Ave Suite 207-B
MIAMI, FL 33186

Address

2618 West Tennessee Street
TALLAHASSEE, FL 32304

[Address](#)

5978 Powers Avenue
JACKSONVILLE, FL 32217

[Address](#)

914 NW 13th Street
GAINESVILLE, FL 32601

[Address](#)

1696 SE Hillmoor Drive
PORT SAINT LUCIE, FL 34952

[Address](#)

2300 N Florida Mango Road
WEST PALM BEACH, FL 33409

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
KREBS, ANGELA CLINE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115561	4/12/2022
KREBS, ANGELA CLINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115561	4/12/2022

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

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