



## ALLISON DIANE SCHNEIDER

### License Number: OS15074

Data As Of 7/7/2025

Profession	Osteopathic Physician
License	OS15074
License Status	Retired/
License Expiration Date	3/31/2024
License Original Issue Date	01/22/2018
Address of Record	No current practice location in Florida - If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

11921 N. DALE MABRY HWY  
TAMPA, FL 33618

#### Address

400 1st St. N  
WINTER HAVEN, FL 33881

#### Address

36245 US HWY 27  
HAINES CITY, FL 33844

#### Address

2331 4TH STREET NORTH  
SAINT PETERSBURG, FL 33704

#### Address

6455 Gulf Blvd  
ST PETERSBURG BEACH, FL 33706

#### Address

1155 S. DALE MABRY HWY  
TAMPA, FL 33629

#### Address

6909 W. Waters Ave.  
TAMPA, FL 33634

#### Address

4821 US HIGHWAY 19 Suite 5  
NEW PORT RICHEY, FL 34652

#### Address

3351 N McMullen Booth Rd  
CLEARWATER, FL 33761

#### Address

2016 SR 60 E  
VALRICO, FL 33594

#### Address

1599 66TH ST N  
SAINT PETERSBURG, FL 33710

#### Address

13670 Walsingham Rd.

LARGO, FL 33774

[Address](#)

711 S. BELCHER RD

CLEARWATER, FL 33764

[Address](#)

3440 W. MLK BLVD Suite 100

TAMPA, FL 33607

[Address](#)

17152 Donna Michelle Dr. Suite 5

TAMPA, FL 33647

## 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.

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