



KENNETH BRIAN LEE

License Number: PA9112062

Data As Of 1/12/2026

Profession	Physician Assistant
License	PA9112062
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	02/22/2019
Address of Record	3030 4th St N SAINT PETERSBURG, FL 33704
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2404 US Hwy 19
HOLIDAY, FL 34691

Address

8849 State Rd 52
HUDSON, FL 34667

Address

13610 Bruce B Downs Blvd
TAMPA, FL 33613

Address

408 E Brandon Blvd
BRANDON, FL 33511

Address

10943 Causeway Blvd
BRANDON, FL 33511

Address

13256 State Road FL-54
ODESSA, FL 33556

Address

12105 W Linebaugh Ave Unit 207
WESTCHASE, FL 33626

Address

2102 S Dale Mabry Hwy
TAMPA, FL 33629

Address

3700 US Hwy 98 N Suite 101
LAKELAND, FL 33809

Address

10735 FL-64
BRADENTON, FL 34212

Address

4332 Cortez Rd
BRADENTON, FL 34210

Address

7337 University Pkwy
LAKEWOOD RANCH, FL 34202

Address

3110 Fruitville Commons Blvd Suite 101
SARASOTA, FL 34240

Address

7321 Park Blvd
PINELLAS PARK, FL 33781

Address

10500 Ulmerton Rd
LARGO, FL 33771

Address

2420 Gulf to Bay Blvd
CLEARWATER, FL 33765

Address

26812 US Hwy 19
CLEARWATER, FL 33761

Address

34621 US Hwy 19
PALM HARBOR, FL 34684

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	Effective License Date	
DAVIS, RANDAL LEE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	110579	08/18/2025
DAVIS, RANDAL LEE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	110579	04/25/2025
LEE, SIN PING	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91558	11/05/2023
LIVINGSTON, ROBERT TERENCE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	83159	05/01/2019

Name	Relationship	Profession	Effective License Date	
MCNAMEE, JUSTIN JAMES	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	12888	05/01/2019
MOSES, DUSTY ALLEN DR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	115932	05/01/2019
MUCCIOLO, PAUL MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	69281	05/01/2019
RAMIA, MICHELLE MARIE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	116871	05/01/2019
SISKO, MATTHEW DAVID	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	111919	05/01/2019
WEINER, TRACY I DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7471	05/01/2019

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