



KEVIN TYLER SHOPE

License Number: PA9112636

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9112636
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/30/2019
Address of Record	408 E Brandon Blvd BRANDON, FL 33511
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

12105 W Linebaugh Ave, Unit 20
TAMPA, FL 33626

Address

2102 S. Dale Mabry Hwy
TAMPA, FL 33629

Address

10943 Causeway Blvd
BRANDON, FL 33511

Address

2420 Gulf to Bay Blvd, Suite 5
CLEARWATER, FL 33765

Address

7321 Park Blvd N
PINELLAS PARK, FL 33781

Address

3030 4th St N
SAINT PETERSBURG, FL 33704

Address

26812 North Hwy 19
CLEARWATER, FL 33761

Address

10500 Ulmerton Road, Suite 202
LARGO, FL 33771

Address

13256 STATE ROAD 54
ODESSA, FL 33556

Address

34621 US HIGHWAY 19
PALM HARBOR, FL 34684

Address

2404 US HIGHWAY 19
HOLIDAY, FL 34691

Address

8849 State Road 52
HUDSON, FL 34667

Address

13610 Bruce B. Downs Blvd
TAMPA, FL 33613

Address

3700 US Hwy 98 N, Suite 101
LAKELAND, FL 33809

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
DAVISON, JAMES PETER	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6618	03/12/2023
LEE, SIN PING	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	91558	08/14/2025
LEE, SIN PING	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91558	06/13/2025
TOMELDEN, CORNELIO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91028	09/23/2021

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

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