Florida HEALTH Department of Health

TYESHIA JOHNSON

License Number: PA9112794

Data As Of 11/1/2026

Profession	Physician Assistant
License	PA9112794
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	11/14/2019
Address of Record	805 E CR 466 LADY LAKE, FL 32159
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
5833 SOUTH GOLDENROD RD SUITE 5 C & D
ORLANDO, FL 32822

Address
5845 WINTER GARDEN VINELAND RD
WINDERMERE, FL 34786

Address
1984 ALAFAYA TRAIL SUITE 1000
OVIEDO, FL 32765

Address
8972 TURKEY LAKE RD S
ORLANDO, FL 32819

Address
628 CAGAN VIEW RD SUITE 3 & 4
CLERMONT, FL 34714

Address
3950 US 17/92 SUITE 1040
CASSELBERRY, FL 32707

Address
2272 N Congress Ave
BOYNTON BEACH, FL 33426

Address
1625 Federal Hwy
BOYNTON BEACH, FL 33435

Address
6699 Boynton Beach Blvd
BOYNTON BEACH, FL 33437

Address
4570 Lantana Rd
LAKE WORTH, FL 33463

Address
9955 Lake Worth Rd
LAKE WORTH, FL 33467

Address

6868 Forest Hill Blvd

GREEN ACRES, FL 33413

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
WELLIVER, TODD ALAN M D	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	92061	07/21/2025
WELLIVER, TODD ALAN M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	92061	07/21/2025

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

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