



PAIGE SHANNON

License Number: PA9113222

Data As Of 4/20/2026

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|--|--|
| Profession | Physician Assistant |
| License | PA9113222 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 05/08/2020 |
| Address of Record | 901 Currency Circle LAKE MARY, FL 32746 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

7460 University Blvd Suite 110
WINTER PARK, FL 32792

Address

5102 W SR 46
SANFORD, FL 32771

Address

8972 Turkey Lake Rd S Suite A-400
ORLANDO, FL 32819

Address

628 Cagan View Rd
CLERMONT, FL 34714

Address

805 County Road 466
LADY LAKE, FL 32159

Address

2438 S Kirkman Rd
ORLANDO, FL 32811

Address

410 SR-436 E Unit 1020
ALTAMONTE SPRINGS, FL 32701

Address

13935 Landstar Blvd Unit 150
ORLANDO, FL 32824

Address

92 E Mitchell Hammock Rd
OVIEDO, FL 32765

Address

5845 Winter Garden Vineland Rd
WINDERMERE, FL 34786

Address

4670 Marigold Ave
POINCIANA, FL 34758

[Address](#)

1328 N Woodland Blvd
DELAND, FL 32720

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 |
|-----------------------|--------------------------------------|----------------|---------|----------------|
| JOHNSON, KEVIN EDMUND | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 124826 | 12/15/2023 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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