



## JOHANNIE CLAUDE FRANCOIS MICHEL

License Number: PA9113782

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9113782
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	10/22/2020
Address of Record	5000 Okeechobee Rd FORT PIERCE, FL 34947
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

1150 US Hwy 1  
VERO BEACH, FL 32960

[Address](#)

640 21st Street  
VERO BEACH, FL 32960

[Address](#)

10650 SW tradition Pkwy  
PORT SAINT LUCIE, FL 34987

[Address](#)

1801 NE Jensen Beach Blvd  
JENSEN BEACH, FL 34957

[Address](#)

1730 SW Saint Lucie West Blvd  
PORT SAINT LUCIE, FL 34986

[Address](#)

4007 SW Port St. Lucie Blvd  
PORT SAINT LUCIE, FL 34953

[Address](#)

1900 SE Port St. Lucie  
PORT SAINT LUCIE, FL 34952

[Address](#)

5550 South US HWy 1  
FORT PIERCE, FL 34982

### 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
RAKHMANNINA, IRINA EDUARDOVNA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	157323	08/17/2024

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

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