KAILEY KOONTZ

License Number: PA9113974

Data As Of 11/2/2025

Profession Physician Assistant

License PA9113974
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 01/15/2021

Address of Record 410 SR-436 E Unit 1020

No

ALTAMONTE SPRINGS, FL 32701

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1328 N Woodland Blvd DELAND, FL 32720

Address

4670 Marigold Ave KISSIMMEE, FL 34758

Address

5845 Winter Garden Vineland Rd

WINDERMERE, FL 34786

Address

92 E Mitchell-Hammock Rd

OVIEDO, FL 32765

Address

13935 Landstar BLVD UNIT 150

ORLANDO, FL 32824

Address

2438 Kirkman Rd

ORLANDO, FL 32811

Address

805 County Road 466

LADY LAKE, FL 32159

Address

628 Cagan View Road

CLERMONT, FL 34714

Address

8972 Turkey Lake Rd S, Suite A- 400

ORLANDO, FL 32819

Address

5102 W SR 46

SANFORD, FL 32771

Address

7460 University Blvd suite 110

WINTER PARK, FL 32792

Address

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	03/26/2025

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

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