MICHELLE LE

License Number: PA9116850

Data As Of 7/7/2025		
Profession	Physician Assistant	
License	PA9116850	
License Status	Clear/Active	
Qualifications	Prescribing	
	Dispensing Practitioner	
License Expiration Date	1/31/2026	
License Original Issue Date	12/14/2022	
Address of Record	5810 S Semoran Blvd	
	ORLANDO, FL 32822	
Controlled Substance Prescriber	No	
(for the Treatment of Chronic Non-		
malignant Pain)		
Discipline on File	No	
Public Complaint	No	

Secondary Locations

No secondary locations found.

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
HENDRIX, TIMOTHY WAYNE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65142	12/08/2022
LOPEZ, ROBERT JEFFREY	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	102974	02/07/2024
LOPEZ, ROBERT JEFFREY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102974	02/07/2024

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

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