Florida HEALTH Department of Health

KOURTNEY L GATES

License Number: PA9117719

Data As Of 10/31/2026

Profession	Physician Assistant
License	PA9117719
License Status	DELINQUENT/
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/10/2023
Address of Record	4670 Marigold Ave POINCIANA, FL 34758
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
805 County Rd 466
LADY LAKE, FL 32159

Address
628 Cagan View Rd; Ste. 3&4
CLERMONT, FL 34714

Address
5845 Winter Garden Vineland R
WINDERMERE, FL 34786

Address
8972 Turkey Lake Rd South; Ste
ORLANDO, FL 32819

Address
1328 N Woodland Blvd
DELAND, FL 32720-2203

Address
7460 University Blvd, Ste 110
WINTER PARK, FL 32792

Address
901 Currency Cir, Unit 1001
LAKE MARY, FL 32746

Address
5102 W SR 46
SANFORD, FL 32771

Address
410 E Altamonte Dr #1020
ALTAMONTE SPRINGS, FL 32701

Address
13935 Landstar Blvd #150
ORLANDO, FL 32824

Address
H4 92 E Mitchell Hammock Rd #1
OVIEDO, FL 32765

Address

2438 S Kirkman Rd
ORLANDO, FL 32811

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
MUHAMMAD, FURQAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	122760	09/11/2023

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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