

KIMMAI MAGALI LONSDORFER

License Number: PA9101310

Data As Of 8/4/2025

Profession Physician Assistant

License PA9101310
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 07/18/2000

Address of Record 968 W.Mitchell Hammock Rd OVIEDOOVIEDO, FL 32765

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

2323 S. Orange Ave Suite A ORLANDO, FL 32806

Address

2555 S. Kirkman Rd. ORLANDO, FL 32811

Address

7751 Kingspointe Parkway ORLANDO, FL 32819

Address

512 E. Altamonte Dr. Suite 1000 ALTAMONTE SPRINGS, FL 32701

Address

136 Parliament Loop Suite 1020

LAKE MARY, FL 32746

Address

10959 W. Colonial Dr. Unit 6 & 8

OCOEE, FL 34761

Address

8132 Lee Vista Blvd Suite B ORLANDO, FL 32829

Address

5355 Red Bug Lake Rd WINTER SPRINGS, FL 32708

Address

10959 W. Colonial Drive Unit 6 & 8

OCOEE, FL 34761

Address

2323 South Orange Avenue ORLANDO, FL 32806

Address

1414 E. Osceola Parkway KISSIMMEE, FL 34744

Address

512 East Altamonte Drive Suite 1000

ALTAMONTE SPRINGS, FL 32701

Address

3840 East State Rd 436 Suite 1000

APOPKA, FL 32703

Address

2415 SW College Rd

OCALA, FL 34471

Address

136 Parliament Loop Suite 102

LAKE MARY, FL 32746

Address

7751 Kingspointe Parkway Suite 114

ORLANDO, FL 32819

Address

3581 SW Archer Rd Suite 40

GAINESVILLE, FL 32608

Addrage

2555 S. Kirkman Rd

ORLANDO, FL 32811

Address

3925 NwW 43rd Street

GAINESVILLE, FL 32606

Address

720 SW 2nd Avenue Suite 160A

GAINESVILLE, FL 32601

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
SNEDDON, JOCK M	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	22541	05/16/2019
SNEDDON, JOCK M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	22541	05/16/2019

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

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