Florida HEALTH Department of Health

# KIMMAI MAGALI LONSDORFER

## License Number: PA9101310

*Data As Of 11/2/2026*

| | |
|---|---|
| Profession | Physician Assistant |
| License | PA9101310 |
| License Status | Clear/Active |
| Qualifications | Prescribing<br>Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 07/18/2000 |
| Address of Record | 968 W.Mitchell Hammock Rd<br>OVIEDOOVIEDO, FL 32765 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

Address
2555 S. Kirkman Rd
ORLANDO, FL 32811

Address
7751 Kingspointe Parkway Suite 114
ORLANDO, FL 32819

Address
136 Parliament Loop Suite 102
LAKE MARY, FL 32746

Address
2415 SW College Rd
OCALA, FL 34471

Address
3840 East State Rd 436 Suite 1000
APOPKA, FL 32703

Address
512 East Altamonte Drive Suite 1000
ALTAMONTE SPRINGS, FL 32701

Address
1414 E. Osceola Parkway
KISSIMMEE, FL 34744

Address
2323 South Orange Avenue
ORLANDO, FL 32806

Address
10959 W. Colonial Drive Unit 6 & 8
OCOEE, FL 34761

Address
5355 Red Bug Lake Rd
WINTER SPRINGS, FL 32708

Address
8132 Lee Vista Blvd Suite B
ORLANDO, FL 32829

Address
10959 W. Colonial Dr. Unit 6 & 8
OCOEE, FL 34761
Address
136 Parliament Loop Suite 1020
LAKE MARY, FL 32746
Address
512 E. Altamonte Dr. Suite 1000
ALTAMONTE SPRINGS, FL 32701
Address
7751 Kingspointe Parkway
ORLANDO, FL 32819
Address
2555 S. Kirkman Rd.
ORLANDO, FL 32811
Address
2323 S. Orange Ave Suite A
ORLANDO, FL 32806

## 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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