



## PEGGY FREDERIQUE-BELL

### License Number: PA9101972

Data As Of 1/12/2026

Profession	Physician Assistant
License	PA9101972
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	05/13/2002
Address of Record	13800 veterans way ORLANDO, FL 32827
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1404 W. Seminole Blvd  
SANFORD, FL 32771

#### Address

325 Cypress Pkwy  
KISSIMMEE, FL 34759

#### Address

449 W. 23rd St  
PANAMA CITY, FL 32405

#### Address

2190 Highway 85N  
NICEVILLE, FL 32578

#### Address

8300 Red Bug Lake Rd  
OVIEDO, FL 32765

#### Address

4056 MILLENIA BLVD  
ORLANDO, FL 32839

#### Address

1350 S Hickory Street Holmes Regional Medical Center  
MELBOURNE, FL 32901

#### Address

1425 Malabar Road NE Palm Bay Hospital  
PALM BAY, FL 32907

#### Address

1404 W. SEMINOLE BLVD CENTRAL FLORIDA REGIONAL HOSPITAL  
SANFORD, FL 32771

### 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
LIN, EDWARD C	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11547	07/01/2021

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
APPEL, RACHEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102351	6/4/2024
BIGGS, FREDERICK SCOTT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103660	8/1/2021
VOGT, JASON M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107868	8/1/2021

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