



PEGGY FREDERIQUE-BELL

License Number: PA9101972

Data As Of 11/21/2024

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| Profession | Physician Assistant |
| License | PA9101972 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 05/13/2002 |
| Address of Record | OSCEOLA REGIONAL MEDICAL CENTE 700 WEST OAK STREET KISSIMMEE, FL 34741 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

325 CYPRESS PKWY POINCIANA MEDICAL CENTER
KISSIMMEE, FL 34759

Address

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

Address

11375 Cortez Blvd Oak Hill Hospital
BROOKSVILLE, FL 34613

Address

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

Address

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

Address

4056 MILLENIA BLVD
ORLANDO, FL 32839

Address

4056 MILLENIA BLVD
ORLANDO, FL 32839

Address

8300 Red Bug Lake Rd
OVIEDO, FL 32765

Address

8300 Red Bug Lake Rd
OVIEDO, FL 32765

Address

2190 Highway 85N
NICEVILLE, FL 32578

Address

449 W. 23rd St
PANAMA CITY, FL 32405

Address

1000 Mar Walt Dr.
FORT WALTON BEACH, FL 32547

Address

11375 Cortez Blvd
BROOKSVILLE, FL 34613

Address

1431 SW First Ave
OCALA, FL 34471

Address

119 Oakfield Drive
BRANDON, FL 33511

Address

502 West Highland Blvd
INVERNESS, FL 34452

Address

325 Cypress Pkwy
KISSIMMEE, FL 34759

Address

1404 W. Seminole Blvd
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 |
|------------------------|---------------------------------|---------------------|---------|----------------|
| BIGGS, FREDERICK SCOTT | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103660 | 8/1/2021 |

| Name | Relationship | Profession | License | Effective Date |
|---------------|---------------------------------|---------------------|---------|----------------|
| VOGT, JASON M | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107868 | 8/1/2021 |

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

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