



PAUL JOSEPH KAINEC

License Number: PA9103988

Data As Of 4/25/2026

Profession	Physician Assistant
License	PA9103988
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	10/23/2006
Address of Record	601 5TH STREET S. STE 611 OUTPATIENT CARE CENTER SAINT PETERSBURG, FL 33701
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

501 6TH AVENUE S. ALL CHILDRENS HOSPITAL
SAINT PETERSBURG, FL 33701

Address

14111 STATE ROAD 54 PEDIATRIC SURGERY CENTERS-ODESSA, LLC
ODESSA, FL 33556

Address

885 PARSONS AVENUE S SPECIALTY CARE BRANDON
BRANDON, FL 33511

Address

501 6TH STREET SOUTH ALL CHILDRENS HOSPITAL
SAINT PETERSBURG, FL 33701

Address

10060 Balaye Run Dr. Pediatric Surgery LLC
TAMPA, FL 33619

Address

701 6TH STREET SOUTH BAYFRONT MEDICAL CENTER
SAINT PETERSBURG, FL 33701

Address

8340 LAKEWOOD RANCH BLVD. ALL CHILDREN'S SPECIALTY CARE AT LAKEWOOD RANCH
BRADENTON, FL 34202

Address

5881 RAND BLVD. ALL CHILDREN'S SPECIALTY CARE OF SARASOTA
SARASOTA, FL 34238

Address

501 6TH Ave SOUTH ALL CHILDREN'S HOSPITAL
SAINT PETERSBURG, FL 33701

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
CHANDLER, NICOLE M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102053	02/27/2026

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

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