



KATHERINE HART REHBERG

License Number: PA9105364

Data As Of 8/8/2025

Profession	Physician Assistant
License	PA9105364
License Status	DELINQUENT/
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2024
License Original Issue Date	01/19/2010
Address of Record	5210 WEBB RD TAMPA, FL 33615
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1005 E. BOYER ST. ACADEMIC ALLIANCE IN DERMATOLOGY
TARPON SPRINGS, FL 34689

Address

3950 3RD ST N STE A
SAINT PETERSBURG, FL 33703

Address

1201 S MYRTLE AVE
CLEARWATER, FL 33756

Address

3165 N. MCMULLEN BOOTH ROAD BLDG B
CLEARWATER, FL 33761

Address

2412 CYPRESS GLENN DR STE 102
WESLEY CHAPEL, FL 33544

Address

4238 W KENNEDY BLVD
TAMPA, FL 33609

Address

131 N OAKWOOD AVE STE 135
BRANDON, FL 33510

Address

13321 N 56TH STREET
TAMPA, FL 33617

Address

2919 W SWANN AVE STE 205
TAMPA, FL 33609

Address

13910 FIVAY RD. STE 5 ACADEMIC ALLIANCE IN DERMATOLOGY
HUDSON, FL 34667

Address

2044 TRINITY OAKS BLVD. STE 222 ACADEMIC ALLIANCE IN DERMATOLOGY
TRINITY, FL 34655

Address

646 VIRGINIA ST. STE. 201 ACADEMIC ALLIANCE IN DERMATOLOGY
DUNEDIN, FL 34698

Address

2044 Trinity Oaks Blvd Suite 130 Academic Alliance in Dermatolgy
NEW PORT RICHEY, FL 34655

Address

1005 E Boyer Street Academic Alliance in Drma
TARPON SPRINGS, FL 34689

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
LAM, DAVID ANTHONY	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	85485	04/14/2016

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

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