



## STEPHANIE ANGELA MCPHERSON

### License Number: PA9105625

Data As Of 6/1/2025

Profession	Physician Assistant
License	PA9105625
License Status	NULL AND VOID/
Qualifications	Prescribing
License Expiration Date	1/31/2014
License Original Issue Date	09/03/2010
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

2205 NORTH BLVD W. ASSOCIATES IN DERMATOLOGY  
DAVENPORT, FL 33837

#### Address

725 E. Oak Street Associates in Dermatology  
KISSIMMEE, FL 34744

#### Address

400 Celebration Place Suite A-170 Associates in Dermatology  
CELEBRATION, FL 34747

#### Address

7932 W. Sand Lake Road Suite 202 Associates in Dermatology  
ORLANDO, FL 32819

#### Address

530 Ocoee Commerce Parkway Associates in Dermatology  
OCOOEE, FL 34761

#### Address

7824 Lake Underhill Road Suite J Associates in Dermatology  
ORLANDO, FL 32822

#### Address

106 Boston Ave Suite 100 Associates in Dermatology  
ALTAMONTE SPRINGS, FL 32701

#### Address

3106 17th Street Associates in Dermatology  
SAINT CLOUD, FL 34769

#### Address

934 Oakfield Drive Caban Skin Institute  
BRANDON, FL 33511

#### Address

1655 E. State Road 50 Associates in Dermatology  
CLERMONT, FL 34711

### 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.

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