ANDREW STUART KINNEY

License Number: PA9106088

Data As Of 7/6/2025		
Profession	Physician Assistant	
License	PA9106088	
License Status	Clear/Active	
Qualifications	Prescribing Dispensing Practitioner	
License Expiration Date	1/31/2026	
License Original Issue Date	07/21/2011	
Address of Record	2016 STATE ROAD 60	
	VALRICO, FL 33594	
Controlled Substance Prescriber	Yes	
(for the Treatment of Chronic Non-		
malignant Pain)		
Discipline on File	No	
Public Complaint	No	
Secondany Locations		

Secondary Locations

Address

4821 U.S. Highway 19 NEW PORT RICHEY, FL 34652 Address

13670 Walsingham Road LARGO, FL 33774

Address

36245 U.S. Highway 27 HAINES CITY, FL 33844

Address

2331 Fourth St. N. SAINT PETERSBURG, FL 33704

Address

711 S. Belcher Road CLEARWATER, FL 33761

Address

11921 N. Dale Mabry Highway TAMPA, FL 33618

Address

1599 66th St. N. SAINT PETERSBURG, FL 33710

Address

6455 Gulf Blvd.

ST PETE BEACH, FL 33706

Address

36245 U.S. Highway 27 HAINES CITY, FL 33844

Address

3351 N. McMullen Booth Road CLEARWATER, FL 33761

Address

1155 S. Dale Mabry Highway TAMPA, FL 33629

Address

6909 W. Waters Ave. TAMPA. FL 33634

Address

17512 Dona Michelle Drive TAMPA, FL 33647

Address

10125 Big Bend Rd RIVERVIEW, FL 33578

Address

400 First St. N. WINTER HAVEN, FL 33881

Address

2442 Bloomingdale Ave. VALRICO, FL 33596

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
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	01/10/2017
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	01/04/2017

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

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