



## JOSHUA STEPHEN LIES

License Number: PA9106373

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9106373
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	12/14/2011
Address of Record	509 Roma Ct Unit 105 NAPLES, FL 34110
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

11190 HEALTH PARK BLVD. NAPLES COMMUNITY HOSPITAL (NORTH CAMPUS)  
NAPLES, FL 34110

### Address

350 3RD STREET NORTH NAPLES COMMUNITY HOSPITAL  
NAPLES, FL 34102

### Address

15420 Collier Blvd NCH Northeast Emergency  
NAPLES, FL 34120

### Address

40 S. Heathwood Dr.  
MARCO ISLAND, FL 34145

### Address

24040 S. Tamiami Trail  
BONITA SPRINGS, FL 34134

## 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

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
BETHEL, TODD DAVID	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	93270	11/11/2022
BISHOP, TRACY MARIE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	16617	10/01/2023
CONKLU, EMRE MEHMET	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	10121	10/01/2023
ESPOSITO, TRAVIS	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	19784	10/01/2023
EVERETT, TIMOTHY MATTHEW	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	112097	11/15/2022
FRIEDMAN, JOEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	38711	10/01/2023
HUMPHRIES, ASHLEY ROSE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	160796	10/01/2023
KLEIN, JUSTIN BLAKE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13685	10/01/2023
KRABACHER, KENNETH DANIEL MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	129897	10/01/2023
LE, TRUNG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	154049	10/01/2023
LEE, JULIA SUN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	111060	10/01/2023
LEWIS, JOHN PATRICK	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	65873	10/01/2023
LYNCH, TAYLOR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	160593	10/01/2023
MIAN, USMAN TARIQ	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	128350	10/01/2023
PATTERSON, SHAWN CHRISTOPHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	116648	09/25/2023
VIOLARIS, JOSEPH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	140807	10/01/2023
WIETecha, KATHERINE MARGARET	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	158560	10/01/2023

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

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Division of Medical Quality Assurance

Public Records

4052 Bald Cypress Way, Bin C01

Tallahassee, FL 32399-3251

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