### **AMANDA N PRINE**

## License Number: PA9106640

Data As Of 11/27/2025

Profession Physician Assistant

License PA9106640
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 06/26/2012

Address of Record 8475 NW 39TH AVE

UF HEALTH SPRINGHILL ED GAINESVILLE, FL 32606

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

UF SHCC 2140 Stadium Rd GAINESVILLE, FL 32611

#### Address

7405 S.W. ARCHER RD. UF HEALTH EMERGENCY Kanapaha

GAINESVILLE, FL 32608

### Address

1515 SW ARCHER ROAD UNIVERSITY OF FLORIDA SHANDS

GAINESVILLE, FL 32608

#### Address

7540 W University Ave Florida Orthopedic Institute

GAINESVILLE, FL 32607

### Address

2118 SW 20th Place Unit 102 FOI Ocala

OCALA, FL 34471

# 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**

				Effective
Name	Relationship	Profession	License	Date
ABO, BENJAMIN N	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13845	10/12/2016
DALY, ROBERT JOSEPH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	123177	08/17/2016
FERNANDEZ, MELINDA WILLIAMS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	115750	08/17/2016
KONOPACK, SITHA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	118690	08/17/2016
KRICK, MICHAEL LAWRENCE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11364	08/17/2016
LAAUWE, KAREN LYNNE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	86303	08/17/2016
SHANNON, MATTHEW B DR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	73606	08/17/2016

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

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