



## AMBER AUMILLER-SCOTT

### License Number: PA2507

Data As Of 1/9/2026

Professional	Physician Assistant
License	PA2507
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	02/28/1992
Address of Record	60 MEMORIAL MEDICAL PARKWAY Advent Palm Coast Parkway PALM COAST, FL 32164
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

301 MEMORIAL PARKWAY Advent Hospital daytona Beach  
DAYTONA BEACH, FL 32117

### Address

401 PALMETTO ST. FLORIDA HOSPITAL NEW SMYRNA  
NEW SMYRNA BEACH, FL 32168

### Address

701 W. PLYMOUTH AVE. FLORIDA HOSPITAL DELAND  
DELAND, FL 32720

### Address

1055 SAXON BLVD. FLORIDA HOSPITAL FISH MEMORIAL  
ORANGE CITY, FL 32763

### Address

1055 Saxon Blvd  
ORANGE CITY, FL 32763

### Address

301 Memorial Medical Pkwy  
DAYTONA BEACH, FL 32117

### Address

701 W. Plymouth Ave  
DELAND, FL 32720

### Address

401 Palmetto Street  
NEW SMYRNA BEACH, FL 32168

## 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, Box 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
MUCCIOLO, PAUL MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	69281	09/09/2016

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

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