Florida HEALTH Department of Health

TYLER JACK STOOTS

License Number: PA9107491

Data As Of 11/23/2026

Profession	Physician Assistant
License	PA9107491
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/16/2013
Address of Record	390 N Courtenay Pkwy MERRITT ISLAND, FL 32953
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
3045 Columbia Rd.
TITUSVILLE, FL 32780

Address
7025 N. Highway US1
COCOA, FL 32927

Address
13800 US Highway 1
SEBASTIAN, FL 32958

Address
200 Malabar Rd
PALM BAY, FL 32909

Address
5500 Stadium Parkway
VIERA WEST, FL 32940

Address
2330 N Wickman
MELBOURNE, FL 32935

Address
2500 Minton Rd
WEST MELBOURNE, FL 32904

Address
490 Centre Lake Drive NE
PALM BAY, FL 32907

Address
1400 Rockledge Blvd
ROCKLEDGE, FL 32955

Address
1000 S. Ridgewood Ave.
EDGEWATER, FL 32132

Address
2525 Garden St.
TITUSVILLE, FL 32796

Address
275 W Cocoa Beach Cswy
COCOA BEACH, FL 32931
Address
7925 N. Wickman Rd
MELBOURNE, FL 32940
Address
820 Palm Bay Rd. NE
PALM BAY, FL 32905
Address
206 E. New Haven Ave.
MELBOURNE, FL 32901
Address
2113 Sarno Rd
MELBOURNE, FL 32935
Address
1840 S. Washington Ave.
TITUSVILLE, FL 32780
Address
5005 Port St. John Pkwy
PORT ST. JOHN, FL 32927

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
DICKUN, CHRISTAL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	162870	01/01/2026
VEGA, GILBERTO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	152251	01/01/2026
WHITE, STEPHEN WAYNE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4050	01/01/2026
WILLIAMS, DAVID THOMAS	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6588	10/29/2022
WILLIAMS, DAVID THOMAS	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6588	10/29/2022

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

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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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