# MICHELLE LUNDEEN PENNIE

## License Number: ME108521

Data As Of 8/21/2025			
Profession	Medical Doctor		
License	ME108521		
License Status	Clear/Active		
Qualifications	Dispensing Practitioner		
License Expiration Date	1/31/2027		
License Original Issue Date	10/29/2010		
Address of Record	699 S Indiana Avenue		
	ENGLEWOOD, FL 34223		
Controlled Substance Prescriber	Yes		
(for the Treatment of Chronic Non-			
malignant Pain)			
Discipline on File	No		
Public Complaint	No		

# Secondary Locations

#### Address

315 Nokomis Avenue VENICE, FL 34285

#### Address

7711 Baymeadows Rd. E Ste 6 JACKSONVILLE, FL 32256

#### Address

10175 Fortune Pkwy, Unit 1203 JACKSONVILLE, FL 32256

#### Address

3200 s 3rd St Ste 200 JACKSONVILLE, FL 32250

#### Address

8787 Bryan Dairy Rd. Ste 360 LARGO, FL 33777

#### Address

11200 Seminole Blvd. ste 205 LARGO, FL 33778

#### Address

5200 Seminole Blvd.

SAINT PETERSBURG, FL 33708 Address

# 525 N Dacie Point

LECANTO, FL 34461

#### Address

2611 SE 17th st Ste B OCALA, FL 34471

#### Address

2467 Enterprise Rd. Ste A CLEARWATER, FL 33763

## **Discipline/Admin Action**

**Emergency Actions** 

### **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.

# Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BEADLES, ELIZABETH MEI LAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111244	6/12/2024
LEBEAU, CATHERINE MARY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118377	6/12/2024
REIDY, LAURA CORTELYOU	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115411	4/28/2022

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

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