# MICHELLE LUNDEEN PENNIE

# License Number: ME108521

Data As Of 11/21/2025

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

Yes

Controlled Substance Prescriber (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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.