### KALIE MARIE KOSEK

### License Number: PA9108019

Data As Of 8/22/2025

Profession Physician Assistant

License PA9108019
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 06/26/2014

Address of Record 1370 E VENICE AVE

CENTER FOR SIGHT, PL VENICE, FL 34285-9066

Controlled Substance Prescriber N

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## **Secondary Locations**

#### Address

2601 S Tamiami Trail CENTER FOR SIGHT, PL SARASOTA, FL 34239-4504

### Address

5409 University Parkway CENTER FOR SIGHT, PL

UNIVERSITY PARK, FL 34201

### Address

1800 S. McCall Rd CENTER FOR SIGHT, PL

ENGLEWOOD, FL 34223-4958

#### Address

14844 Tamiami Trail CENTER FOR SIGHT, PL

NORTH PORT. FL 34287-2701

### Address

8224 S Tamiami Trail

SARASOTA, FL 34238

## 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
FEZZA, JOHN PAUL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	76288	01/06/2017
FEZZA, JOHN PAUL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	76288	09/15/2016

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

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