



KALIE MARIE KOSEK

License Number: PA9108019

Data As Of 12/23/2024

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 (for the Treatment of Chronic Non- malignant Pain)	No
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

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.