Department of Health

JENNIFER KRISTIN KOELLER

License Number: PA9108194

Data As Of 10/26/2025

Profession	Physician Assistant
License	PA9108194
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/09/2014
Address of Record	8575 NE 138TH LANE SUITE 203 LADY LAKE, FL 32159
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
8575 NE. 138TH LN. SUITE 203 VILLAGE HEART & VEIN CENTER
LADY LAKE, FL 32159

Address
1451 El Camino Real
THE VILLAGES, FL 32159

Address
600 E. Dixie Ave
LEESBURG, FL 34748

Address
1451 El Camino Real The Villages Regional Hospital
THE VILLAGES, FL 32159

Address
1500 SW 1st Ave Munroe Regional Medical Center
OCALA, FL 34471

Address
1350 Hickory St Holmes Regional Medical Center
MELBOURNE, FL 32901

Address
2010 59th St W Black Medical Center
BRADENTON, FL 34209

Address
502 W. Highland Blvd Citrus Memorial Hospital
INVERNESS, FL 34452

Address
1000 Waterman Way
TAVARES, FL 32778

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
ANTAKI, TAMIM	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	128056	09/12/2025
CAMPBELL, MATTHEW	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	98326	09/12/2025

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

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