



## CARRIE MAE STONEKING D.O.

### License Number: OS12096

Data As Of 12/22/2024

Profession	Osteopathic Physician
License	OS12096
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	03/20/2013
Address of Record	3301 w gandy blvd TAMPA, FL 33611
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

40545 us 19th N  
TARPON SPRINGS, FL 34689

#### Address

5464 Lithia Pinecrest Rd  
LITHIA, FL 33547

#### Address

7601 Seminole Blvd  
SEMINOLE, FL 33772

#### Address

6182 N US Hwy 41  
APOLLO BEACH, FL 33572

#### Address

303 W Palm Ave  
TAMPA, FL 33602

#### Address

3251 66th St N  
SAINT PETERSBURG, FL 33710

#### Address

5504 Gateway Blvd  
WESLEY CHAPEL, FL 33544

#### Address

564 Channel Side Drive  
TAMPA, FL 33602

### 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.

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FROMMANN, NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	81429	6/15/2021
FROMMANN, NICOLE	SUBORDINATE	MEDICAL DOCTOR	81429	6/15/2021

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

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