



KEVIN EDMUND JOHNSON

License Number: ME124826

Data As Of 4/12/2025

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| Profession | Medical Doctor |
| License | ME124826 |
| License Status | CLEAR/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 07/07/2015 |
| Address of Record | 7460 University Blvd Suite 110 WINTER PARK, FL 32792 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

410 E Altamonte Dr. Suite 1020
ALTAMONTE SPRINGS, FL 32714

Address

5102 W SR 46
SANFORD, FL 32771

Address

901 Currency Cir Suite 1001
LAKE MARY, FL 32746

Address

8972 Turkey Lake Rd
ORLANDO, FL 32819

Address

805 Co Rd 466
LADY LAKE, FL 32159

Address

1328 N Woodland Blvd
DELAND, FL 32720

Address

92 E Mitchell Hammock Suite 1006
OVIDO, FL 32765

Address

13935 Landstar Blvd Suite 150
ORLANDO, FL 32824

Address

2438 S Kirkman Rd
ORLANDO, FL 32811

Address

628 US HWY 27 Suite 4
CLERMONT, FL 34714

Address

5845 Winter Garden Vineland Rd
WINDERMERE, FL 34786

Address

4670 Marigold Ave
POINCIANA, FL 34758

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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| HUDAK, MATTI ELIZABETH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116088 | 11/14/2023 |
| ROBERTSON, JACOB ANDREW | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116481 | 12/11/2023 |
| SHANNON, PAIGE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113222 | 12/15/2023 |

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

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