



CHRISTOPHER LEE JOHNSON

License Number: PA9110531

Data As Of 1/9/2026

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| Profession | Physician Assistant |
| License | PA9110531 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 08/04/2017 |
| Address of Record | 5845 Winter Garden Vineland Rd WINDERMERE, FL 34786 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1328 N. Woodland Blvd
DELAND, FL 32720

Address

5102 State Hwy 46
SANFORD, FL 32771

Address

901 Currency Circle
LAKE MARY, FL 32746

Address

410 E. Altamonte Dr.
ALTAMONTE SPRINGS, FL 32701

Address

805 East County Rd. 466
LADY LAKE, FL 32159

Address

8972 Turkey Lake Road
ORLANDO, FL 32819

Address

2438 Kirkman Rd.
ORLANDO, FL 32811

Address

628 Cagan View Rd.
CLERMONT, FL 34714

Address

4670 Marigold Ave
POINCIANA, FL 34758

Address

13935 Landstar Blvd.
ORLANDO, FL 32824

Address

92 E. Mitchell Hammock Rd
OVIEDO, FL 32765

Address

7460 University Blvd.
WINTER PARK, FL 32792

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 |
|----------------------|--------------------------------------|----------------|---------|----------------|
| BOVELL, DON WALDO MD | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 81076 | 11/04/2019 |
| KOBABEL, JASEN SCOTT | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 86649 | 01/10/2018 |
| YI, DAVID CHANG | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 103801 | 11/29/2023 |

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

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