

## CHRISTOPHER LEE JOHNSON

## License Number: PA9110531

Data As Of 11/21/2025

Profession Physician Assistant

License PA9110531
License Status Clear/Active
Qualifications Prescribing

**Dispensing Practitioner** 

License Expiration Date 1/31/2026
License Original Issue Date 08/04/2017

Address of Record 5845 Winter Garden Vineland Rd

WINDERMERE, FL 34786

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

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
KOBOBEL, 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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