



SHELBY FIELD JOHNSON

License Number: PA9111213

Data As Of 12/23/2024

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|--------------------------------------------------------------------------------------|-------------------------------------------|
| Profession | Physician Assistant |
| License | PA9111213 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 04/09/2018 |
| Address of Record | 601 E Rollins Street ORLANDO, FL 32803 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1000 Waterman Way Advent Health Waterman
TAVARES, FL 32778

Address

601 E Altamonte Dr Advent Health Altamonte
ALTAMONTE SPRINGS, FL 32701

Address

400 Celebration Place Advent Health Celebration
CELEBRATION, FL 34747

Address

2450 N Orange Blossom Trail Advent Health Kissimmee
KISSIMMEE, FL 34744

Address

2100 Ocoee Apopka Road Advent Health Apopka
APOPKA, FL 32703

Address

200 N Lakemont Ave
WINTER PARK, FL 32792

Address

7727 Lake Underhill Road Advent Health East Orlando
ORLANDO, FL 32822

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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 |
|-----------------------------------|-----------------------------------------|----------------|---------|----------------|
| OLIVEIRA, EDUARDO C CAMACHO MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 81926 | 12/15/2021 |

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

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