#### **REBECCA JO FISHER**

#### License Number: PA9111299

Data As Of 10/19/2025

Profession Physician Assistant

License PA9111299
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 05/31/2018

Address of Record 2352 Bruce B Downs Blvd.

Suite 102

Yes

WESLEY CHAPEL, FL 33544

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# Secondary Locations

#### Address

14547 Bruce B Downs Blvd. Suite C

TAMPA, FL 33613

Address

38107 Market Square ZEPHYRHILLS, FL 33542

Address

2020 Town Center Blvd. Suite D

BRANDON, FL 33511

## 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
DOMBY, BRIAN CHRISTOPHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	119175	10/02/2018

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

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