



## KAREN WIEDENBECK

### License Number: PA9111352

Data As Of 8/20/2025

|  |   |
|--|---|
| Profession   | Physician Assistant                       |
| License  | PA9111352                                 |
| License Status   | Clear/Active                              |
| Qualifications   | Prescribing                               |
| License Expiration Date  | 1/31/2026                                 |
| License Original Issue Date  | 07/05/2018                                |
| Address of Record  | 601 E Rollins Street<br>ORLANDO, FL 32803 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

#### Address

200 North Lakemont  
WINTER PARK, FL 32792

#### Address

201 North Park Ave  
APOPKA, FL 32703

#### Address

601 East Altamonte Drive  
ALTAMONTE SPRINGS, FL 32701

#### Address

2000 Fowler Grove Blvd  
WINTER GARDEN, FL 34787

#### Address

400 Celebration Place  
CELEBRATION, FL 34747

#### Address

7727 Lake Underhill Drive  
ORLANDO, FL 32822

#### Address

2450 North Orange Blossom Tr  
KISSIMMEE, FL 34744

#### Address

950 Rinehart Road  
LAKE MARY, FL 32746

### 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     | Effective License Date |
|----------------------------------|--------------------------------------|----------------|------------------------|
| BORRERO-MENDOZA, ANDRES ELIAS MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 140971 06/25/2025      |
| MOORE, ROSS AARON                | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 136093 06/18/2025      |

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

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