



KRISTINA DANIELA MCCOLGAN

License Number: PA9111580

Data As Of 4/4/2025

Profession	Physician Assistant
License	PA9111580
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/12/2018
Address of Record	2776 Cleveland Ave FT MYERS, FL 33901
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9981 S. Healthpark Dr.
FORT MYERS, FL 33908

Address

23450 Via Coconut Point
ESTERO, FL 33928

Address

13681 Doctors Way
FT MYERS, FL 33912

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
HENDRIX, TIMOTHY WAYNE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65142	01/05/2021
HENDRIX, TIMOTHY WAYNE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	65142	11/24/2020

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

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