AMANDA AXEL

License Number: PA9111720

Data As Of 8/21/2025

Profession Physician Assistant

License PA9111720
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 10/02/2018

Address of Record 4761 S Cleveland Avenue

Suite 3

No

FORT MYERS, FL 33907

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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
HALL, CARY LEE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	94419	01/07/2024
LIN, DEAN DONG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	85657	11/27/2018

Name	Relationship	Profession	License	Effective Date
MICHNIK, MARK	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117870	08/17/2024

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

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