Florida HEALTH Department of Health

KELSIE LEIGH THOMAS

License Number: PA9112153

Data As Of 11/25/2026

Profession	Physician Assistant
License	PA9112153
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/18/2019
Address of Record	805 E County Road 466 LADY LAKE, FL 32159
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
5845 winter garden vineland rd
WINDERMERE, FL 34786

Address
8972 Turkey Lake Rd South
ORLANDO, FL 32819

Address
628 Cagan View Road Ste. 3 & 4
CLERMONT, FL 34714

Address
410 E Altamonte Dr #1020
ALTAMONTE SPRINGS, FL 32701

Address
13935 Landstar Blvd #150
ORLANDO, FL 32824

Address
92 E Mitchell Hammock Rd #1006
OVIEDO, FL 32765

Address
2438 S Kirkman Rd
ORLANDO, FL 32811

Address
1328 N Woodland Blvd
DELAND, FL 32720

Address
4670 Marigold Ave
POINCIANA, FL 34758

Address
7460 University Blvd, Ste 110
WINTER PARK, FL 32792

Address
901 Currency Cir, Unit 1001
LAKE MARY, FL 32746

Address
901 Currency Cir, Unit 1001
SANFORD, FL 32771
Address
2800 SW College Rd
OCALA, FL 34474
Address
3600 SW Archer Road
GAINESVILLE, FL 32608
Address
7011 W Newberry Rd
GAINESVILLE, FL 32605
Address
1640 Technology Blvd
DAYTONA BEACH, FL 32117
Address
16890 US-441
MOUNT DORA, FL 32757
Address
17136 SE 109th Terrace Rd
SUMMERFIELD, FL 34491

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
BOVELL, DON WALDO	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	81076	07/02/2019
BOVELL, DON WALDO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81076	07/02/2019
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	134103	11/01/2025
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134103	12/15/2023

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

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