# PAIGE E MACKENZIE

# License Number: PA9112556

Data As Of 8/21/2025		
Profession	Physician Assistant	
License	PA9112556	
License Status	Clear/Active	
Qualifications	Prescribing	
License Expiration Date	1/31/2026	
License Original Issue Date	09/18/2019	
Address of Record	52 W Underwood St	
	ORLANDO, FL 32806	
Controlled Substance Prescriber	Yes	
(for the Treatment of Chronic Non-		
malignant Pain)		
Discipline on File	No	
Public Complaint	No	

# Secondary Locations

### Address

521 W. SR 434 LONGWOOD, FL 32750 Address 555 W. SR 434 LONGWOOD, FL 32750 Address 1000 W. Colonial Dr OCOEE, FL 34761 Address 1000 W. Colonial Dr Ste. 282 OCOEE, FL 34761 Address

591 Outer Rd Ste A ORLANDO, FL 32814

### Address

61 Riley Rd KISSIMMEE, FL 34747

## Address

1900 Don Wickham Dr CLERMONT, FL 34711

#### Address

100 N. Dean Rd Ste 202 ORLANDO, FL 32825

#### Address

17000 Porter Rd Ste 201 WINTER GARDEN, FL 34787

### Address

725 Rodel Cove Ste 201 LAKE MARY, FL 32746

## Address

52 W. Underwood St ORLANDO, FL 32806 Address

1222 S. Orange Ave 3rd and 4th floors ORLANDO, FL 32806

#### Address

9400 Turkey Lake Rd ORLANDO, FL 32819

#### Address

7236 Stonerock Cir ORLANDO, FL 32819

#### Address

1001 East Osceola Pkwy KISSIMMEE, FL 34744

#### Address

1000 W. Broadway St. Ste 105A OVIEDO, FL 32765

### Address

7234 Della Drive ste B ORLANDO, FL 32819

# 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
COVELLI, CHRISTINA RUTH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	109150	04/29/2024

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

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