



PAIGE E MACKENZIE

License Number: PA9112556

Data As Of 12/23/2024

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 (for the Treatment of Chronic Non-malignant Pain)	Yes
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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