



## KAILEY KOONTZ

License Number: PA9113974

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9113974
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	01/15/2021
Address of Record	410 SR-436 E Unit 1020 ALTAMONTE SPRINGS, FL 32701
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

901 Currency Circle unit 1001  
LAKE MARY, FL 32746

### Address

7460 University Blvd suite 110  
WINTER PARK, FL 32792

### Address

5102 W SR 46  
SANFORD, FL 32771

### Address

8972 Turkey Lake Rd S, Suite A- 400  
ORLANDO, FL 32819

### Address

628 Cagan View Road  
CLERMONT, FL 34714

### Address

805 County Road 466  
LADY LAKE, FL 32159

### Address

2438 Kirkman Rd  
ORLANDO, FL 32811

### Address

13935 Landstar BLVD UNIT 150  
ORLANDO, FL 32824

### Address

92 E Mitchell-Hammock Rd  
OVIEDO, FL 32765

### Address

5845 Winter Garden Vineland Rd  
WINDERMERE, FL 34786

### Address

4670 Marigold Ave  
KISSIMMEE, FL 34758

### [Address](#)

1328 N Woodland Blvd  
DELAND, FL 32720

## 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
JOHNSON, KEVIN EDMUND	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	124826	03/26/2025

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

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