# MICHAEL THOMAS WEEKS

### License Number: PA9115400

Data As Of 8/20/2025		
Profession	Physician Assistant	
License	PA9115400	
License Status	Clear/Active	
Qualifications	Prescribing	
License Expiration Date	1/31/2026	
License Original Issue Date	12/15/2021	
Address of Record	427 10th Ave West	
	PALMETTO, FL 34221	
Controlled Substance Prescriber	No	
(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
MEREDITH, KENNETH LEE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102313	03/12/2024

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

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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.