



BRANDON SCOTT LEHR

License Number: PA9115431

Data As Of 4/23/2026

Profession	Physician Assistant
License	PA9115431
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	12/22/2021
Address of Record	700 8th Ave West Suite 101 PALMETTO, FL 34221
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

5600 Bayshore Road
PALMETTO, FL 34221

[Address](#)

1949 Northgate Blvd
SARASOTA, FL 34234-2143

[Address](#)

37220 Glenwood Avenue
MYAKKA CITY, FL 34251-0008

[Address](#)

170 N Lime Avenue
SARASOTA, FL 34237

[Address](#)

12271 US Hwy 301N
PARRISH, FL 34219-8410

[Address](#)

1312 Manatee Avenue E
BRADENTON, FL 34208-1358

[Address](#)

1110 E Gibson Street Building A
ARCADIA, FL 34266-5011

[Address](#)

4805 26th Street West
BRADENTON, FL 34207-1706

[Address](#)

5325 26th West
BRADENTON, FL 34207-3012

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
RIDER, MONICA RAQUEL	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	12222	03/09/2022

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

5600 Bayshore Road
PALMETTO, FL 34221

Address

1949 Northgate Blvd
SARASOTA, FL 34234-2143

Address

37220 Glenwood Avenue
MYAKKA CITY, FL 34251-0008

Address

170 N Lime Avenue
SARASOTA, FL 34237

Address

12271 US Hwy 301N
PARRISH, FL 34219-8410

Address

1312 Manatee Avenue E
BRADENTON, FL 34208-1358

Address

1110 E Gibson Street Building A
ARCADIA, FL 34266-5011

Address

4805 26th Street West
BRADENTON, FL 34207-1706

Address

5325 26th West
BRADENTON, FL 34207-3012

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
RIDER, MONICA RAQUEL	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	12222	03/09/2022

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.