



## KOURTNEY L GATES

License Number: PA9117719

Data As Of 1/11/2026

Profession	Physician Assistant
License	PA9117719
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/10/2023
Address of Record	4670 Marigold Ave POINCIANA, FL 34758
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

805 County Rd 466  
LADY LAKE, FL 32159

### Address

628 Cagan View Rd; Ste. 3&4  
CLERMONT, FL 34714

### Address

5845 Winter Garden Vineland R  
WINDERMERE, FL 34786

### Address

8972 Turkey Lake Rd South; Ste  
ORLANDO, FL 32819

### Address

1328 N Woodland Blvd  
DELAND, FL 32720-2203

### Address

7460 University Blvd, Ste 110  
WINTER PARK, FL 32792

### Address

901 Currency Cir, Unit 1001  
LAKE MARY, FL 32746

### Address

5102 W SR 46  
SANFORD, FL 32771

### Address

410 E Altamonte Dr #1020  
ALTAMONTE SPRINGS, FL 32701

### Address

13935 Landstar Blvd #150  
ORLANDO, FL 32824

### Address

H4 92 E Mitchell Hammock Rd #1  
OVIEDO, FL 32765

### Address

2438 S Kirkman Rd  
ORLANDO, FL 32811

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
MUHAMMAD, FURQAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	122760	09/11/2023

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

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