# CATHERINE MERCEDES WEBER

### License Number: PA9118584

Data As Of 7/17/2025			
Profession	Physician Assistant		
License	PA9118584		
License Status	Clear/Active		
Qualifications	Prescribing		
License Expiration Date	1/31/2026		
License Original Issue Date	03/06/2024		
Address of Record	8260 Gladiolus Drive		
	FORT MYERS, FL 33908		
Controlled Substance Prescriber	No		
(for the Treatment of Chronic Non-			
malignant Pain)			
Discipline on File	No		
Public Complaint	No		

# Secondary Locations

#### Address

8981 Colonial Center Dr FORT MYERS, FL 33905

#### Address

1708 Cape Coral Pkwy W Ste 10 CAPE CORAL, FL 33914

#### Address

1030 Commerce Creek Blvd CAPE CORAL, FL 33909

# **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
BUSTAMANTE, LILIANA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	119232	04/29/2024

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

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