



MARIO JOHN MONTELEONE

License Number: PA9100983

Data As Of 8/4/2025

Profession	Physician Assistant
License	PA9100983
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/30/1999
Address of Record	7932 WEST SANDLAKE ROAD SUITE 202 ORLANDO, FL 32819
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

400 CELEBRATION PLACE
KISSIMMEE, FL 34747

[Address](#)

1118 CYPRESS GLEN CIRCLE ASSOCIATES IN DERMATOLOGY
KISSIMMEE, FL 34741

[Address](#)

18540 US HIGHWAY 441 ASSOCIATES IN DERMATOLOGY
MOUNT DORA, FL 32757

[Address](#)

531 WEKIVA COMMONS CIRCLE ASSOCIATES IN DERMATOLOGY
APOPKA, FL 32712

[Address](#)

106 BOSTON AVE SUITE 100 ASSOCIATES IN DERMATOLOGY
ALTAMONTE SPRINGS, FL 32701

[Address](#)

2205 NORTH BOULEVARD W. ASSOCIATES IN DERMATOLOGY
DAVENPORT, FL 33837

[Address](#)

1389 US HIGHWAY 301 ASSOCIATES IN DERMATOLOGY
SUMTERVILLE, FL 33585

[Address](#)

339 CYPRESS PARKWAY ASSOCIATES IN DERMATOLOGY
POINCIANA, FL 34758

[Address](#)

7824 LAKE UNDERHILL RD. ASSOCIATES IN DERMATOLOGY
ORLANDO, FL 32822

[Address](#)

725 E. OAK ST. ASSOCIATES IN DERMATOLOGY
KISSIMMEE, FL 34744

[Address](#)

3106 17TH ST. ASSOCIATES IN DERMATOLOGY
SAINT CLOUD, FL 34769

Address

1655 E. State Road 50 Associates in Dermatology
CLERMONT, FL 34711

Address

530 Ocoee Commerce Pkwy Associates In Dermatology
OCOEE, FL 34761

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
STEPPIE, MICHAEL WILLIAM	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	88443	11/12/2020

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

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