



## PEGGY FREDERIQUE-BELL

License Number: PA9101972

Data As Of 8/20/2025

Profession	Physician Assistant
License	PA9101972
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	05/13/2002
Address of Record	OSCEOLA REGIONAL MEDICAL CENTE 700 WEST OAK STREET KISSIMMEE, FL 34741
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

325 CYPRESS PKWY POINCIANA MEDICAL CENTER  
KISSIMMEE, FL 34759

### Address

1404 W. SEMINOLE BLVD CENTRAL FLORIDA REGIONAL HOSPITAL  
SANFORD, FL 32771

### Address

11375 Cortez Blvd Oak Hill Hospital  
BROOKSVILLE, FL 34613

### Address

1425 Malabar Road NE Palm Bay Hospital  
PALM BAY, FL 32907

### Address

1350 S Hickory Street Holmes Regional Medical Center  
MELBOURNE, FL 32901

### Address

4056 MILLENIA BLVD  
ORLANDO, FL 32839

### Address

4056 MILLENIA BLVD  
ORLANDO, FL 32839

### Address

8300 Red Bug Lake Rd  
OVIEDO, FL 32765

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8300 Red Bug Lake Rd  
OVIEDO, FL 32765

### Address

2190 Highway 85N  
NICEVILLE, FL 32578

### Address

449 W. 23rd St  
PANAMA CITY, FL 32405

Address

1000 Mar Walt Dr.  
FORT WALTON BEACH, FL 32547

Address

11375 Cortez Blvd  
BROOKSVILLE, FL 34613

Address

1431 SW First Ave  
OCALA, FL 34471

Address

119 Oakfield Drive  
BRANDON, FL 33511

Address

325 Cypress Pkwy  
KISSIMMEE, FL 34759

Address

1404 W. Seminole Blvd  
SANFORD, FL 32771

Address

502 West Highland Blvd  
INVERNESS, FL 34452

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
LIN, EDWARD C	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11547	07/01/2021

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
APPEL, RACHEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102351	6/4/2024

Name	Relationship	Profession	License	Effective Date
BIGGS, FREDERICK SCOTT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103660	8/1/2021
VOGT, JASON M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107868	8/1/2021

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