



## JOSEPH EDWARD SCHREIER D.O.

### License Number: OS6767

Data As Of 1/10/2026

|  |   |
|--|---|
| Profession   | Osteopathic Physician                                 |
| License  | OS6767  |
| License Status   | Clear/Active  |
| Qualifications   | Dispensing Practitioner                               |
| License Expiration Date  | 3/31/2026   |
| License Original Issue Date  | 03/07/1994  |
| Address of Record  | 3700 US Highway 98N<br>Unit 101<br>LAKELAND, FL 33809 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | Yes   |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

#### Address

1009 W. BAKER STREET  
PLANT CITY, FL 33563

#### Address

13856 N. DALE MABRY MedExpress Urgent Care  
TAMPA, FL 33618

#### Address

13610 N. BRUCE B. DOWNS BLVD MedExpress Urgent Care  
TAMPA, FL 33612

#### Address

10500 Ulmerton Road #202 MedExpress Urgent Care  
LARGO, FL 33771

#### Address

22945 S.R. 54 MedExpress Urgent Care  
LUTZ, FL 33549

#### Address

20677 N. BRUCE B. DOWNS BLVD MedExpress Urgent Care  
TAMPA, FL 33647

#### Address

2810 W. MLK BLVD MedExpress Urgent Care  
TAMPA, FL 33607

#### Address

1120 HOMESTEAD ROAD NORTH  
LEHIGH ACRES, FL 33936

#### Address

5616 TUSCOLA BLVD  
NORTH PORT, FL 34287

#### Address

2200 TAMiami TRAIL  
PORT CHARLOTTE, FL 33948

#### Address

12375 SOUTH CLEVELAND  
FORT MYERS, FL 33907

#### [Address](#)

8849 STATE ROAD 52  
HUDSON, FL 34667

#### [Address](#)

313 SW PINE ISLAND ROAD  
CAPE CORAL, FL 33991

#### [Address](#)

7720 MERRILL ROAD  
DELAND, FL 32720

#### [Address](#)

1328 NORTH WOODLAND BLVD  
DELAND, FL 32720

#### [Address](#)

1809 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

#### [Address](#)

13005 COLLIER BLVD.  
NAPLES, FL 34116

#### [Address](#)

19985 SOUTH TAMiami TRAIL  
ESTERO, FL 33928

#### [Address](#)

1150 US HIGHWAY 1  
VERO BEACH, FL 32960

#### [Address](#)

1021 NORTH STATE ROAD 7  
ROYAL PALM BEACH, FL 33411

#### [Address](#)

19090 STATE RD. 7  
BOCA RATON, FL 33498

#### [Address](#)

4520 DONALD ROSS ROAD SUITE 100  
PALM BEACH GARDENS, FL 33418

#### [Address](#)

7593 BOYNTON BEACH BLVD. SUITE 190  
BOYNTON BEACH, FL 33437

#### [Address](#)

11985 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

#### [Address](#)

960 w. sugarland hwy  
CLEWISTON, FL 33440

#### [Address](#)

3700 US Highway 98 N Ste. 101 MedExpress Urgent Care  
LAKELAND, FL 33809

#### [Address](#)

7720 Merrill Rd MedExpress Urgent Care  
JACKSONVILLE, FL 32277

#### [Address](#)

26812 US Hwy 19N MedExpress Urgent Care  
CLEARWATER, FL 33761

#### [Address](#)

408 E Brandon Blvd. MedExpress Urgent Care  
BRANDON, FL 33511

## 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 |
|-----------------------------|--------------------------------------|-----------------------|---------|----------------|
| SCHREIER, JOSEPH EDWARD D O | SUPERVISING DISPENSING PRACTITIONER  | OSTEOPATHIC PHYSICIAN | 6767    | 08/16/2025     |
| SCHREIER, JOSEPH EDWARD D O | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 6767    | 08/16/2025     |

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Subordinate Practitioners

| Name                        | Relationship                    | Profession            | License | Effective Date |
|-----------------------------|---------------------------------|-----------------------|---------|----------------|
| COBB, MELINDA ANN           | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9104346 | 8/16/2025      |
| COBB, MELINDA ANN           | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT   | 9104346 | 2/9/2025       |
| DOSHI, SHIVANI ATUL         | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT   | 9107198 | 10/22/2024     |
| NEZOWITZ, GREGG DAVID       | SUBORDINATE                     | MEDICAL DOCTOR        | 75671   | 6/16/2021      |
| SANTOS-LEVY, ANA PAOLA      | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9106948 | 11/20/2018     |
| SANTOS-LEVY, ANA PAOLA      | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT   | 9106948 | 11/19/2018     |
| SCHREIER, JOSEPH EDWARD D O | DISPENSING PHYSICIAN ASSISTANT  | OSTEOPATHIC PHYSICIAN | 6767    | 8/16/2025      |
| SCHREIER, JOSEPH EDWARD D O | PRESCRIBING PHYSICIAN ASSISTANT | OSTEOPATHIC PHYSICIAN | 6767    | 8/16/2025      |
| STEWART, AMANDA             | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT   | 9120121 | 8/12/2025      |
| STEWART, AMANDA             | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT   | 9120121 | 4/24/2025      |

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