



PAMELA SCHNELL GILLEY

License Number: PA9104778

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9104778
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/15/2008
Address of Record	325 Cypress Parkway Poinciana Regional Medical Center POINCIANA, FL 34758
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2190 HWY 85 N TWIN CITIES HOSPITAL
NICEVILLE, FL 32578

Address

449 W. 23RD ST. GULF COAST REGIONAL MEDICAL CENTER
PANAMA CITY, FL 32405

Address

8300 RED BUG LAKE RD. OVIEDO MEDICAL CENTER
OVIEDO, FL 32765

Address

1000 MARTWALT DR. FORT WALTON BEACH MEDICAL CENTER
FORT WALTON BEACH, FL 32547

Address

340 N.W. COMMERCE DRIVE LAKE CITY MEDICAL CENTER
LAKE CITY, FL 32055

Address

1401 WEST SEMINOLE BLVD. HCA Lake Monroe
SANFORD, FL 32771

Address

1431 SW 1St Ave Ocala Regional Medical Center
OCALA, FL 34471

Address

4600 SW 46th Court West Marion Community Hospital
OCALA, FL 34474

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
ADKINS, DEBRA JEAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	61804	02/06/2017
BAKER, DONALD JAMES	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	36388	06/27/2017
CARLSON, WILLIAM SHAW	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	121446	06/27/2017
COLON CRUZ, EDDID DAVID	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	120690	06/27/2017
GROBER, ROBERT ALLEN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	90664	06/27/2017
HAMILTON, CARLTON CARMICHAEL II	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	87840	06/27/2017
HARRIS, JAMES WILSON V	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103744	06/27/2017
HUGHES, RICHARD JAMES	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	69446	06/27/2017
KULOW, KEVIN WILLIAM MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	79008	06/27/2017
LALANI, FARAH NAUSHIR	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	10814	06/27/2017
MCCREADY, JAMES MELVIN II	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	61602	06/27/2017
MELENDEZ GARCIA, MELANIE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	119966	06/27/2017
ROWLEY, SHARI LYN DR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	120698	06/27/2017
SAWYER, STEVEN ANDRE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	112030	06/27/2017

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
WILSON, JAMES EDWARD PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102360	7/1/2021

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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.
