



AMANDA WETHERBEE SCHIEBEL

License Number: PA9105172

Data As Of 1/10/2026

Profession	Physician Assistant
License	PA9105172
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/15/2009
Address of Record	2645 S. Florida Ave LAKELAND, FL 33803
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

400 1st St . N
WINTER HAVEN, FL 33881

[Address](#)

13670 Walsingham Rd
LARGO, FL 33774

[Address](#)

1155 S. Dale Mabry Hwy, Ste 7
TAMPA, FL 33629

[Address](#)

4821 US Hwy ,Suite 5
NEW PORT RICHEY, FL 34652

[Address](#)

3351 N McMullen Booth Rd
CLEARWATER, FL 33761

[Address](#)

10125 Big Bend Rd
RIVERVIEW, FL 33578

[Address](#)

36245 US Hwy 27
HAINES CITY, FL 33844

[Address](#)

2331 4th Street North
SAINT PETERSBURG, FL 33704

[Address](#)

3440 W. Dr MLK Blvd #100
TAMPA, FL 33607

[Address](#)

6455 Gulf Blvd
SAINT PETE BEACH, FL 33706

[Address](#)

711 S Belcher Road
CLEARWATER, FL 33764

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
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	05/21/2021

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

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