



AMY KATHERINE STERLING

License Number: PA2360

Data As Of 5/15/2025

Profession	Physician Assistant
License	PA2360
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	01/25/1991
Address of Record	911 North Main Street TRENTON, FL 32693
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1830 N. Main Street Palms Medical Group
BELL, FL 32619

Address

103 US 27 SW Palms Medical Group
BRANFORD, FL 32008

Address

630 N. Main Street Palms Medical Group
WILLISTON, FL 32696

Address

550 W. Georgia Street Palms Medical Group
STARKE, FL 32091

Address

2233 Park Av. Suite 403
ORANGE PARK, FL 32073

Address

2349 Village Square PKWY Suite 110 & 111
FLEMING ISLAND, FL 32003

Address

4784 W US HWY 90
LAKE CITY, FL 32055

Address

173 NW Albritton LN
LAKE CITY, FL 32055

Address

211 Ranchere St.
LIVE OAK, FL 32064

Address

200 SW 62nd BLVD.
GAINESVILLE, FL 32607

Address

410 N Main Street Suite 12
CHIEFLAND, FL 32626

Address

23476 NW 186th Ave.
HIGH SPRINGS, FL 32643

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
THOMAS, BRUCE EUGENE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	85069	10/01/2024

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

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