



ANDREW STUART KINNEY

License Number: PA9106088

Data As Of 4/3/2025

Profession	Physician Assistant
License	PA9106088
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/21/2011
Address of Record	2016 STATE ROAD 60 VALRICO, FL 33594
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

4821 U.S. Highway 19
NEW PORT RICHEY, FL 34652

[Address](#)

13670 Walsingham Road
LARGO, FL 33774

[Address](#)

36245 U.S. Highway 27
HAINES CITY, FL 33844

[Address](#)

2331 Fourth St. N.
SAINT PETERSBURG, FL 33704

[Address](#)

711 S. Belcher Road
CLEARWATER, FL 33761

[Address](#)

11921 N. Dale Mabry Highway
TAMPA, FL 33618

[Address](#)

1599 66th St. N.
SAINT PETERSBURG, FL 33710

[Address](#)

6455 Gulf Blvd.
ST PETE BEACH, FL 33706

[Address](#)

36245 U.S. Highway 27
HAINES CITY, FL 33844

[Address](#)

3351 N. McMullen Booth Road
CLEARWATER, FL 33761

[Address](#)

1155 S. Dale Mabry Highway
TAMPA, FL 33629

Address

6909 W. Waters Ave.
TAMPA, FL 33634

Address

17512 Dona Michelle Drive
TAMPA, FL 33647

Address

10125 Big Bend Rd
RIVERVIEW, FL 33578

Address

400 First St. N.
WINTER HAVEN, FL 33881

Address

2442 Bloomingdale Ave.
VALRICO, FL 33596

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	01/10/2017
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	01/04/2017

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

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