



WENDY JEAN STEVISON

License Number: PA9107058

Data As Of 6/6/2025

Profession	Physician Assistant
License	PA9107058
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	01/08/2013
Address of Record	1250 PINE RIDGE ROAD SUITE 202 NAPLES, FL 34108
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

850 111TH AVENUE NORTH PHYSICIANS DAY SURGERY
NAPLES, FL 34108

Address

11161 HEALTH PARK BLVD NORTH COLLIER HOSPITAL
NAPLES, FL 34110

Address

8300 COLLIER BLVD PHYSICIANS REGIONAL MEDICAL CENTER
NAPLES, FL 34114

Address

6101 PINE RIDGE ROAD PHYSICIANS REGIONAL MEDICAL CENTER
NAPLES, FL 34119

Address

350 SEVENTH AVENUE NAPLES COMMUNITY HOSPITAL
NAPLES, FL 34102

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.

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