



## MICHELLE LUNDEEN PENNIE

### License Number: ME108521

Data As Of 9/10/2025

Profession	Medical Doctor
License	ME108521
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	10/29/2010
Address of Record	699 S Indiana Avenue ENGLEWOOD, FL 34223
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

315 Nokomis Avenue  
VENICE, FL 34285

#### Address

7711 Baymeadows Rd. E Ste 6  
JACKSONVILLE, FL 32256

#### Address

10175 Fortune Pkwy, Unit 1203  
JACKSONVILLE, FL 32256

#### Address

3200 s 3rd St Ste 200  
JACKSONVILLE, FL 32250

#### Address

8787 Bryan Dairy Rd. Ste 360  
LARGO, FL 33777

#### Address

11200 Seminole Blvd. ste 205  
LARGO, FL 33778

#### Address

5200 Seminole Blvd.  
SAINT PETERSBURG, FL 33708

#### Address

525 N Dacie Point  
LECANTO, FL 34461

#### Address

2611 SE 17th st Ste B  
OCALA, FL 34471

#### Address

2467 Enterprise Rd. Ste A  
CLEARWATER, FL 33763

### 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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BEADLES, ELIZABETH MEI LAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111244	6/12/2024
LEBEAU, CATHERINE MARY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118377	6/12/2024
REIDY, LAURA CORTELYOU	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115411	4/28/2022

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