CARRIE MAE STONEKING D.O.

License Number: OS12096

Data As Of 10/24/2025

Profession Osteopathic Physician

License Status OS12096

Clear/Active

Qualifications Dispensing Practitioner

No

License Expiration Date 3/31/2026
License Original Issue Date 03/20/2013
Address of Record 3301 w gandy blvd
TAMPA, FL 33611

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

40545 us 19th N

TARPON SPRINGS, FL 34689

Address

5464 Lithia Pinecrest Rd

LITHIA, FL 33547

Address

7601 Seminole Blvd SEMINOLE, FL 33772

Address

6182 N US Hwy 41

APOLLO BEACH, FL 33572

Address

303 W Palm Ave

TAMPA, FL 33602

Address

3251 66th St N

SAINT PETERSBURG, FL 33710

Address

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

Address

564 Channel Side Drive

TAMPA, FL 33602

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 |
|------------------|---------------------------------|----------------|---------|----------------|
| FROMMANN, NICOLE | PRESCRIBING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 81429 | 6/15/2021 |
| FROMMANN, NICOLE | SUBORDINATE | MEDICAL DOCTOR | 81429 | 6/15/2021 |

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

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