



## KEVIN EDMUND JOHNSON

License Number: ME124826

Data As Of 4/28/2026

|  |  |
|--|--|
| Profession   | Medical Doctor   |
| License  | ME124826   |
| License Status   | Clear/Active   |
| Qualifications   | Dispensing Practitioner                                    |
| License Expiration Date  | 1/31/2027  |
| License Original Issue Date  | 07/07/2015   |
| Address of Record  | 7460 University Blvd<br>Suite 110<br>WINTER PARK, FL 32792 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | Yes  |
| Discipline on File   | No   |
| Public Complaint   | No   |

## Secondary Locations

### Address

410 E Altamonte Dr. Suite 1020  
ALTAMONTE SPRINGS, FL 32714

### Address

5102 W SR 46  
SANFORD, FL 32771

### Address

901 Currency Cir Suite 1001  
LAKE MARY, FL 32746

### Address

8972 Turkey Lake Rd  
ORLANDO, FL 32819

### Address

805 Co Rd 466  
LADY LAKE, FL 32159

### Address

1328 N Woodland Blvd  
DELAND, FL 32720

### Address

92 E Mitchell Hammock Suite 1006  
OVIDO, FL 32765

### Address

13935 Landstar Blvd Suite 150  
ORLANDO, FL 32824

### Address

2438 S Kirkman Rd  
ORLANDO, FL 32811

### Address

628 US HWY 27 Suite 4  
CLERMONT, FL 34714

### Address

5845 Winter Garden Vineland Rd  
WINDERMERE, FL 34786

### [Address](#)

4670 Marigold Ave  
POINCIANA, FL 34758

## 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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| ABENINA, JULIUS ANTHONY | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9107619 | 3/25/2026      |
| ABENINA, JULIUS ANTHONY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107619 | 3/25/2026      |
| HUDAK, MATTI ELIZABETH  | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116088 | 11/14/2023     |
| KOONTZ, KAILEY          | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113974 | 3/26/2025      |
| ROBERTSON, JACOB ANDREW | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116481 | 12/11/2023     |
| SHANNON, PAIGE          | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113222 | 12/15/2023     |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### [Address](#)

410 E Altamonte Dr. Suite 1020  
ALTAMONTE SPRINGS, FL 32714

### [Address](#)

5102 W SR 46  
SANFORD, FL 32771

### [Address](#)

901 Currency Cir Suite 1001  
LAKE MARY, FL 32746

### [Address](#)

8972 Turkey Lake Rd  
ORLANDO, FL 32819

### [Address](#)

805 Co Rd 466  
LADY LAKE, FL 32159

[Address](#)

1328 N Woodland Blvd  
DELAND, FL 32720

[Address](#)

92 E Mitchell Hammock Suite 1006  
OVIEDO, FL 32765

[Address](#)

13935 Landstar Blvd Suite 150  
ORLANDO, FL 32824

[Address](#)

2438 S Kirkman Rd  
ORLANDO, FL 32811

[Address](#)

628 US HWY 27 Suite 4  
CLERMONT, FL 34714

[Address](#)

5845 Winter Garden Vineland Rd  
WINDERMERE, FL 34786

[Address](#)

4670 Marigold Ave  
POINCIANA, FL 34758

## 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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| ABENINA, JULIUS ANTHONY | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9107619 | 3/25/2026      |
| ABENINA, JULIUS ANTHONY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107619 | 3/25/2026      |
| HUDAK, MATTI ELIZABETH  | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116088 | 11/14/2023     |
| KOONTZ, KAILEY          | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113974 | 3/26/2025      |
| ROBERTSON, JACOB ANDREW | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116481 | 12/11/2023     |

| Name           | Relationship                    | Profession          | License | Effective Date |
|----------------|---------------------------------|---------------------|---------|----------------|
| SHANNON, PAIGE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113222 | 12/15/2023     |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.