Florida HEALTH Department of Health

KEVIN EDMUND JOHNSON

License Number: ME124826

Data As Of 10/30/2026

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 Suite 110 WINTER PARK, FL 32792
Controlled Substance Prescriber (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
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
HOUSLEY, BENJAMIN TIMOTHY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112390	6/14/2026
HOUSLEY, BENJAMIN TIMOTHY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112390	6/14/2026
HUDAK, MATTI ELIZABETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116088	11/14/2023
KOONTZ, KAILEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113974	3/26/2025
MAI, HELEN HUYEN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112763	3/17/2026
MAI, HELEN HUYEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112763	3/17/2026
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

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