



## FABIO DAVID PEREIRA

### License Number: PA9109957

Data As Of 1/25/2026

Profession	Physician Assistant
License	PA9109957
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	10/10/2016
Address of Record	410 E Altamonte Dr. Unit 1020 ALTAMONTE SPRINGS, FL 32701
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### [Address](#)

7460 University Blvd Unit 110  
WINTER PARK, FL 32792

#### [Address](#)

92 E Mitchell Hammock Rd Unit 1006  
OVIEDO, FL 32765

#### [Address](#)

13935 Landstar Blvd Unit 150  
ORLANDO, FL 32824

#### [Address](#)

4670 Marigold Ave  
KISSIMMEE, FL 34758

#### [Address](#)

628 Cagan View Rd  
CLERMONT, FL 34714

#### [Address](#)

2438 Kirkman Rd  
ORLANDO, FL 32811

#### [Address](#)

8972 Turkey Lake Road Unit A-400  
ORLANDO, FL 32819

#### [Address](#)

5845 Winter Garden Vineland Rd  
WINDERMERE, FL 34786

#### [Address](#)

805 East County Rd  
LADY LAKE, FL 32159

#### [Address](#)

901 Currency Circle Unit 1001-A  
LAKE MARY, FL 32746

#### [Address](#)

5102 W State Rd 46  
SANFORD, FL 32771

Address  
1328 N Woodland Blvd  
DELAND, FL 32720

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ACOSTA, OMAR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	163331	11/28/2023
BEAUPORT, VIKYE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	140564	11/27/2023
BOLEY JR, GERALD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	155571	11/08/2023
CANGE, ALIX ANDRE	SUPERVISING PRESCRIBING PRACTITIONER	PHYSICIAN ASSISTANT	9104367	11/28/2023
DIXON, SHANTERIA DUAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	139884	02/02/2024
DUNN, JOHANNE S	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	67782	12/01/2025
GABRIEL, LAURICE HELEN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	121206	05/02/2022
HENDRIX, TIMOTHY WAYNE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65142	08/03/2021
IDEHEN, IDEMUDIA GEORGE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	160227	02/06/2024
KHER, PRAVEEN K	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	19338	02/07/2024
MILLER, MICHAEL RAY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	129449	11/08/2023
ROSE, DAVID	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	14774	11/15/2023

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