



CHRISTOPHER LEE JOHNSON

License Number: PA9110531

Data As Of 3/2/2026

Profession	Physician Assistant
License	PA9110531
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/04/2017
Address of Record	5845 Winter Garden Vineland Rd WINDERMERE, FL 34786
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1328 N. Woodland Blvd
DELAND, FL 32720

[Address](#)

5102 State Hwy 46
SANFORD, FL 32771

[Address](#)

901 Currency Circle
LAKE MARY, FL 32746

[Address](#)

410 E. Altamonte Dr.
ALTAMONTE SPRINGS, FL 32701

[Address](#)

805 East County Rd. 466
LADY LAKE, FL 32159

[Address](#)

8972 Turkey Lake Road
ORLANDO, FL 32819

[Address](#)

2438 Kirkman Rd.
ORLANDO, FL 32811

[Address](#)

628 Cagan View Rd.
CLERMONT, FL 34714

[Address](#)

4670 Marigold Ave
POINCIANA, FL 34758

[Address](#)

13935 Landstar Blvd.
ORLANDO, FL 32824

[Address](#)

92 E. Mitchell Hammock Rd
OVIEDO, FL 32765

Address

7460 University Blvd.
WINTER PARK, FL 32792

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
BOVELL, DON WALDO MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	81076	11/04/2019
KOBABEL, JASEN SCOTT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	86649	01/10/2018
YI, DAVID CHANG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103801	11/29/2023

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

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