



## STEPHEN EPPINGER

License Number: PA9110497

Data As Of 12/14/2025

Profession	Physician Assistant
License	PA9110497
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	07/20/2017
Address of Record	298 S Yonge Street AdventHealth Ormond ORMOND BEACH, FL 32174
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

701 W.PLYMOUTH AVE. AdventHealth DELAND  
DELAND, FL 32720

### Address

1055 SAXTON BLVD. AdventHealth FISH MEMORIAL  
ORANGE CITY, FL 32763

### Address

401 PALMETTO ST. AdventHealth NEW SMYRNA  
NEW SMYRNA BEACH, FL 32168

### Address

60 MEMORIAL MEDICAL PKWY. AdventHealth Palm Coast  
PALM COAST, FL 32164

### Address

301 MEMORAIL MEDICAL PKWY. FLORIDA HOSPITAL MEMORIAL  
DAYTONA BEACH, FL 32117

### Address

1 AdventHealth Wy AdventHealth Palm Coast Parkway  
PALM COAST, FL 32137

## 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	Effective License	Date
LIVINGSTON, ROBERT TERENCE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	83159	08/24/2017
MCNAMEE, JUSTIN JAMES	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	12888	08/24/2017
MOSES, DUSTY ALLEN DR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	115932	08/24/2017
MUCCIOLO, PAUL MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	69281	08/24/2017
RAMIA, MICHELLE MARIE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	116871	08/24/2017
SISKO, MATTHEW DAVID	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	111919	08/24/2017
WEINER, TRACY I DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7471	08/24/2017

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

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