



AMANDA AXEL

License Number: PA9111720

Data As Of 1/26/2026

Professional	Physician Assistant
License	PA9111720
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	10/02/2018
Address of Record	1435 SE 8th Terrace Suite B&C CAPE CORAL, FL 33990
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
3301 W Gandy Blvd
TAMPA, FL 33611

Address
5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address
11969 Sheldon Road
TAMPA, FL 33626

Address
4505 Gunn Highway
TAMPA, FL 33624

Address
11406 US Hwy 301 S
RIVERVIEW, FL 33578

Address
303 W Palm Ave
TAMPA, FL 33602

Address
7601 Seminole Blvd
SEMINOLE, FL 33772

Address
3251 66th St. North
SAINT PETERSBURG, FL 33710

Address
799 W Lumsden Rd
BRANDON, FL 33511

Address
16521 US Hwy 301 S
WIMAUMA, FL 33573

Address
564 Channelside Dr
TAMPA, FL 33602

Address

5464 Lithia Pinecrest Drive

LITHIA, FL 33547

Address

40545 US Hwy 19N Unit A

TARPON SPRINGS, FL 34689

Address

6182 N US Highway 41

APOLLO BEACH, FL 33572

Address

4949 4th Street N.

SAINT PETERSBURG, FL 33703

Address

13531 State Road 54

ODESSA, FL 33556

Address

13856 N Dale Mabry Hwy

TAMPA, FL 33618

Address

2810 W M.L.K. Jr Blvd

TAMPA, FL 33607

Address

22945 State Road 54

LUTZ, FL 33549

Address

19027 Wingshooter Way

LUTZ, FL 33558

Address

42060 Cypress Pkwy

PUNTA GORDA, FL 33982

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
HALL, CARY LEE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	94419	01/07/2024
LIN, DEAN DONG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	85657	11/27/2018
MICHNIK, MARK	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117870	08/17/2024

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

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