



## KELSIE LEIGH THOMAS

License Number: PA9112153

Data As Of 4/21/2026

Profession	Physician Assistant
License	PA9112153
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/18/2019
Address of Record	805 E County Road 466 LADY LAKE, FL 32159
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

901 Currency Cir, Unit 1001  
SANFORD, FL 32771

### Address

901 Currency Cir, Unit 1001  
LAKE MARY, FL 32746

### Address

7460 University Blvd, Ste 110  
WINTER PARK, FL 32792

### Address

4670 Marigold Ave  
POINCIANA, FL 34758

### Address

1328 N Woodland Blvd  
DELAND, FL 32720

### Address

2438 S Kirkman Rd  
ORLANDO, FL 32811

### Address

92 E Mitchell Hammock Rd #1006  
OVIDO, FL 32765

### Address

13935 Landstar Blvd #150  
ORLANDO, FL 32824

### Address

410 E Altamonte Dr #1020  
ALTAMONTE SPRINGS, FL 32701

### Address

628 Cagan View Road Ste. 3 & 4  
CLERMONT, FL 34714

### Address

8972 Turkey Lake Rd South  
ORLANDO, FL 32819

### Address

5845 winter garden vineland rd  
WINDERMERE, FL 34786

## 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	07/02/2019
BOVELL, DON WALDO MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81076	07/02/2019
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	134103	11/01/2025
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134103	12/15/2023

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

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