

### **KEVIN TYLER SHOPE**

# License Number: PA9112636

Data As Of 12/7/2025

Profession Physician Assistant

License PA9112636
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 09/30/2019

Address of Record 408 E Brandon Blvd BRANDON, FL 33511

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

12105 W Linebaugh Ave, Unit 20

**TAMPA, FL 33626** 

### Address

2102 S. Dale Mabry Hwy

TAMPA, FL 33629

#### Address

10943 Causeway Blvd

BRANDON, FL 33511

### Address

2420 Gulf to Bay Blvd, Suite 5

CLEARWATER, FL 33765

#### Address

7321 Park Blvd N

PINELLAS PARK, FL 33781

### Address

3030 4th St N

SAINT PETERSBURG, FL 33704

## Address

26812 North Hwy 19

CLEARWATER, FL 33761

#### Address

10500 Ulmerton Road, Suite 202

LARGO, FL 33771

#### Address

13256 STATE ROAD 54

ODESSA, FL 33556

#### Address

34621 US HIGHWAY 19

PALM HARBOR, FL 34684

### Address

2404 US HIGHWAY 19

HOLIDAY, FL 34691

#### Address

8849 State Road 52

HUDSON, FL 34667

#### Address

13610 Bruce B. Downs Blvd

**TAMPA, FL 33613** 

#### Address

3700 US Hwy 98 N, Suite 101

LAKELAND, FL 33809

# 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
DAVISON, JAMES PETER	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6618	03/12/2023
LEE, SIN PING	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	91558	08/14/2025
LEE, SIN PING	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91558	06/13/2025
TOMELDEN, CORNELIO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91028	09/23/2021

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.