



## KEVIN TYLER SHOPE

## License Number: PA9112636

Data As Of 1/26/2026

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 (for the Treatment of Chronic Non- malignant Pain)	No
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

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