

**TYESHIA JOHNSON****License Number: PA9112794***Data As Of 1/26/2026*

Profession	Physician Assistant
License	PA9112794
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	11/14/2019
Address of Record	805 E CR 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**

5833 SOUTH GOLDENROD RD SUITE 5 C & D  
ORLANDO, FL 32822

**Address**

5845 WINTER GARDEN VINELAND RD  
WINDERMERE, FL 34786

**Address**

1984 ALAFAYA TRAIL SUITE 1000  
OVIEDO, FL 32765

**Address**

8972 TURKEY LAKE RD S  
ORLANDO, FL 32819

**Address**

628 CAGAN VIEW RD SUITE 3 & 4  
CLERMONT, FL 34714

**Address**

3950 US 17/92 SUITE 1040  
CASSELBERRY, FL 32707

**Address**

2272 N Congress Ave  
BOYNTON BEACH, FL 33426

**Address**

1625 Federal Hwy  
BOYNTON BEACH, FL 33435

**Address**

6699 Boynton Beach Blvd  
BOYNTON BEACH, FL 33437

**Address**

4570 Lantana Rd  
LAKE WORTH, FL 33463

**Address**

9955 Lake Worth Rd  
LAKE WORTH, FL 33467

**Address**

6868 Forest Hill Blvd  
GREEN ACRES, FL 33413

## 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
WELLIVER, TODD ALAN M D	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	92061	07/21/2025
WELLIVER, TODD ALAN M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	92061	07/21/2025

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

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