Florida HEALTH Department of Health

KAILEY KOONTZ

License Number: PA9113974

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9113974
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	01/15/2021
Address of Record	16890 US Highway 441 MOUNT DORA, FL 32757
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1328 N Woodland Blvd
DELAND, FL 32720

Address
4670 Marigold Ave
KISSIMMEE, FL 34758

Address
5845 Winter Garden Vineland Rd
WINDERMERE, FL 34786

Address
92 E Mitchell-Hammock Rd
OVIEDO, FL 32765

Address
13935 Landstar BLVD UNIT 150
ORLANDO, FL 32824

Address
2438 Kirkman Rd
ORLANDO, FL 32811

Address
805 County Road 466
LADY LAKE, FL 32159

Address
628 Cagan View Road
CLERMONT, FL 34714

Address
8972 Turkey Lake Rd S, Suite A- 400
ORLANDO, FL 32819

Address
5102 W SR 46
SANFORD, FL 32771

Address
7460 University Blvd suite 110
WINTER PARK, FL 32792

Address
901 Currency Circle unit 1001
LAKE MARY, FL 32746
Address
17163 SE 109th Terrace Road
SUMMERFIELD, FL 34491
Address
410 SR-436 E Unit 1020
ALTAMONTE SPRINGS, FL 32701

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
JOHNSON, KEVIN EDMUND	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	124826	03/26/2025

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

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