KATHERINE ANN WILKINSON

License Number: SA19034

Data As Of 7/19/2025

Profession Speech-Language Pathologist

License Status Clear/Active
License Expiration Date SA19034

License Expiration Date 12/31/2025

License Original Issue

Date

05/07/2021

Address of Record 11601 Biscayne Blvd

Ste 312

MIAMI, FL 33181

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BORIEUX, CHRISSIE- MAE	SPEECH-LANGUAGE PATHOLOGIST ASSISTANT	SPEECH-LANGUAGE PATHOLOGY ASSISTANT	6085	2/3/2023
JOSE, MARCEL R	SPEECH-LANGUAGE PATHOLOGIST ASSISTANT	SPEECH-LANGUAGE PATHOLOGY ASSISTANT	4865	10/1/2023

Name	Relationship	Profession	License	Effective Date
MENNELL, ZAYNA	SPEECH-LANGUAGE PATHOLOGIST ASSISTANT	SPEECH-LANGUAGE PATHOLOGY ASSISTANT	5413	10/1/2023

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

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