



## AMANDA STEWART

License Number: PA9120121

Data As Of 4/30/2026

Profession	Physician Assistant
License	PA9120121
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/18/2025
Address of Record	8849 STATE RD 52 HUDSON, FL 34667
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

10500 Ulmerton Road, Suite 202  
LARGO, FL 33771-3544

### Address

26812 North Hwy 19  
CLEARWATER, FL 33761-3405

### Address

3030 4th St N  
ST. PETERSBURG, FL 33704

### Address

7321 Park Blvd N  
PINELLAS PARK, FL 33781

### Address

2420 Gulf to Bay Blvd, Suite 5  
CLEARWATER, FL 33765

### Address

13610 Bruce B. Downs Blvd  
TAMPA, FL 33613-4650

### Address

3700 US Hwy 98 N, Suite 101  
LAKELAND, FL 33809-3861

### Address

408 East Brandon Blvd  
BRANDON, FL 33511-5318

### 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

13256 STATE ROAD 54  
ODESSA, FL 33556

### Address

34621 US HIGHWAY 19  
PALM HARBOR, FL 34684

### Address

2404 US HIGHWAY 19  
HOLIDAY, FL 34691

## 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 Number	Effective Date
SCHREIER, JOSEPH EDWARD D O	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6767	08/12/2025
SCHREIER, JOSEPH EDWARD D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6767	04/24/2025

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

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