Florida HEALTH Department of Health

KIMMAI MAGALI LONSDORFER

License Number: PA9101310

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9101310
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	07/18/2000
Address of Record	968 W.Mitchell Hammock Rd OVIEDOOVIEDO, FL 32765
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
2555 S. Kirkman Rd
ORLANDO, FL 32811

Address
7751 Kingspointe Parkway Suite 114
ORLANDO, FL 32819

Address
136 Parliament Loop Suite 102
LAKE MARY, FL 32746

Address
2415 SW College Rd
OCALA, FL 34471

Address
3840 East State Rd 436 Suite 1000
APOPKA, FL 32703

Address
512 East Altamonte Drive Suite 1000
ALTAMONTE SPRINGS, FL 32701

Address
1414 E. Osceola Parkway
KISSIMMEE, FL 34744

Address
2323 South Orange Avenue
ORLANDO, FL 32806

Address
10959 W. Colonial Drive Unit 6 & 8
OCOEE, FL 34761

Address
5355 Red Bug Lake Rd
WINTER SPRINGS, FL 32708

Address
8132 Lee Vista Blvd Suite B
ORLANDO, FL 32829

Address
10959 W. Colonial Dr. Unit 6 & 8
OCOEE, FL 34761
Address
136 Parliament Loop Suite 1020
LAKE MARY, FL 32746
Address
512 E. Altamonte Dr. Suite 1000
ALTAMONTE SPRINGS, FL 32701
Address
7751 Kingspointe Parkway
ORLANDO, FL 32819
Address
2555 S. Kirkman Rd.
ORLANDO, FL 32811
Address
2323 S. Orange Ave Suite A
ORLANDO, FL 32806

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
SNEDDON, JOCK M	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	22541	05/16/2019
SNEDDON, JOCK M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	22541	05/16/2019

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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