



ALICIA RENEE BROWN

License Number: PA9101637

Data As Of 8/4/2025

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| Profession | Physician Assistant |
| License | PA9101637 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 07/13/2001 |
| Address of Record | 600 West Plymouth Ave Advanced Dermatology & Cosmetic Surgery DELAND, FL 32720 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

818 NORTH WOODLAND BLVD ADVANCED DERMATOLOGY & COSMETIC SURGERY
DELAND, FL 32720

Address

2893 Enterprise Road Suite 100
DEBARY, FL 32713

Address

151 Southhall lane Suite 300
MAITLAND, FL 32751

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 | Effective License | Date |
|----------------------------|--------------------------------------|-----------------------|-------------------|------------|
| STEFFES, WILLIAM EDWARD JR | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 119801 | 02/22/2017 |
| YUNGMAN, MARTIN PAUL DO | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 6376 | 11/08/2019 |

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

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