AMY CHRISTINE HUBER

License Number: PA9103707

Data As Of 5/11/2025

Profession Physician Assistant

License PA9103707
License Status CLEAR/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 04/21/2006

Address of Record 11505 RANGELAND PARKWAY

2ND FLOOR

BRADENTON, FL 34211

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

943 S BENEVA RD SUITE 306 SARASOTA, FL 34232

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|----------------------|---------|-----------------|-----------|-------|-----------|----------------------------|
| HUBER, AMY CHRISTINE | 9103707 | PHYSICIAN ASSIS | BRADENTON | FL | 201316750 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|----------------------|---------|------------------------|-----------|-------|-----------|--------------|
| HUBER, AMY CHRISTINE | 9103707 | PHYSICIAN ASSISTANT | BRADENTON | FL | 201316750 | AC FILED |

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

Supervising Practitioners

| | | | | ⊏##: |
|--------------------------------|--------------------------------------|--------------------------|----------|------------|
| Name | Polotionahin | Profession | License | Effective |
| Name | Relationship | Profession | Licerise | Date |
| ASTERITA, RYAN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 132211 | 03/23/2023 |
| BATEN, CHARLES ANDERSON | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 76216 | 06/26/2023 |
| CANADA, FELICIA ANN MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 88134 | 06/20/2023 |
| GRICE, JOSETTE ANN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 89287 | 10/25/2021 |
| HEMMER, ANTHONY RAYMOND | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 84100 | 06/20/2023 |
| LIPSCOMB, KEVIN PAUL | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 74654 | 03/23/2023 |
| QUARTERMAINE, SAMUEL JOSEPH | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 9413 | 03/24/2023 |
| SAUDER, DEBORAH JO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 99412 | 06/20/2023 |

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

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