



AMANDA WETHERBEE SCHIEBEL

License Number: PA9105172

Data As Of 7/24/2025

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|--|---|
| Profession | Physician Assistant |
| License | PA9105172 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 09/15/2009 |
| Address of Record | 2645 S. Florida Ave LAKELAND, FL 33803 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

[Address](#)

36245 US Hwy 27
HAINES CITY, FL 33844

[Address](#)

13670 Walsingham Rd
LARGO, FL 33774

[Address](#)

3351 N McMullen Booth Rd
CLEARWATER, FL 33761

[Address](#)

711 S Belcher Road
CLEARWATER, FL 33764

[Address](#)

10125 Big Bend Rd
RIVERVIEW, FL 33578

[Address](#)

4821 US Hwy , Suite 5
NEW PORT RICHEY, FL 34652

[Address](#)

1155 S. Dale Mabry Hwy, Ste 7
TAMPA, FL 33629

[Address](#)

400 1st St . N
WINTER HAVEN, FL 33881

[Address](#)

2331 4th Street North
SAINT PETERSBURG, FL 33704

[Address](#)

6455 Gulf Blvd
SAINT PETE BEACH, FL 33706

[Address](#)

3440 W. Dr MLK Blvd #100
TAMPA, FL 33607

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 |
|-----------------------|-------------------------------------|----------------|---------|----------------|
| WALDREP, NATHAN KEITH | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 58834 | 05/21/2021 |

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

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