Florida HEALTH Department of Health

AMANDA WETHERBEE SCHIEBEL

License Number: PA9105172

Data As Of 10/29/2026

Profession	Physician Assistant
License	PA9105172
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
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
400 1st St . N
WINTER HAVEN, FL 33881

Address
13670 Walsingham Rd
LARGO, FL 33774

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

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

Address
3351 N McMullen Booth Rd
CLEARWATER, FL 33761

Address
10125 Big Bend Rd
RIVERVIEW, FL 33578

Address
36245 US Hwy 27
HAINES CITY, FL 33844

Address
2331 4th Street North
SAINT PETERSBURG, FL 33704

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

Address
6455 Gulf Blvd
SAINT PETE BEACH, FL 33706

Address
711 S Belcher Road
CLEARWATER, FL 33764

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
LEE, CHRISTOPHER T	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	129207	09/20/2026
LEE, CHRISTOPHER T	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	129207	09/20/2026

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

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