

KRISTEN MARIE KESSER WILLIAMS

License Number: PA9105509

Data As Of 9/8/2026

Profession	Physician Assistant
License	PA9105509
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	06/22/2010
Address of Record	6500 W NEWBERRY ROAD HCA Florida North Florida GAINESVILLE, FL 32605
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

***** ** CONFIDENTIAL *** ** CONFIDENTIAL *** ** CONFIDENTIAL ***
*** CONFIDENTIAL ***, ** *****

Address

4388 NW 53rd Ave HCA Florida Millhopper ER
GAINESVILLE, FL 32606

Address

922 E Call St HCA Florida Starke ER
STARKE, FL 32091

Address

4094 SW 41st Blvd HCA Florida Gainesville
GAINESVILLE, FL 32608

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WILLIAMS, KRISTEN MARIE KESSER	9105509	PHYSICIAN ASSIS	GAINESVILLE	FL	202303897	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WILLIAMS, KRISTEN MARIE KESSER	9105509	PHYSICIAN ASSISTANT	GAINESVILLE	FL	202303897	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 be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MARTIN, DAVID LUTHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	101649	08/01/2026

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

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