Florida HEALTH Department of Health

# WHITNEY HANNA BALMERT

## License Number: PA9105724

*Data As Of 10/29/2026*

| | |
|---|---|
| Profession | Physician Assistant |
| License | PA9105724 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 10/11/2010 |
| Address of Record | 11325 Lake Underhill Road<br>Pediatrix- East Orl<br>ALAFAYA, FL 32825 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

Address

620 S. HUNT CLUB BLVD. Pediatrix - Apopka

APOPKA, FL 32703

Address

****** *** CONFIDENTIAL *** *** CONFIDENTIAL *** *** CONFIDENTIAL ***

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

Address

1267 W. Oseola Parkway Pediatrix - Kississimmee

KISSIMMEE, FL 34741

Address

3801 W. Lake Mary Blvd Pediatrix-Lake Mary

LAKE MARY, FL 32746

Address

13750 W. Colonial Drive Night Life Pediatrics- Winter Garden

WINTER GARDEN, FL 34787

## 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 |
|---|---|---|---|---|
| DENNEMEYER, JAMES ERIC | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 115575 | 02/03/2016 |
| LEVINE, ANN MARIE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 94546 | 02/03/2016 |
| SOREMI, OLUDAPO FOLARIN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 73889 | 05/07/2025 |
| WASSERMAN, LEWIS MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 53446 | 02/03/2016 |

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

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