



KATHLEEN HAROWITZ MCMICHAEL

License Number: PA9105881

Data As Of 2/1/2026

Profession	Physician Assistant
License	PA9105881
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	01/10/2011
Address of Record	455 Pinellas Street Suite 320 BayCare Medical Group, Inc CLEARWATER, FL 33756
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1200 7TH AVENUE N St. Anthony's Hospital
SAINT PETERSBURG, FL 33705

Address

1201 5th Avenue N., Suite 402 BayCare Medical Group, Inc
SAINT PETERSBURG, FL 33705

Address

300 PINELLAS STREET
CLEARWATER, FL 33756

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
KAYATTA, MICHAEL OWEN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	136589	08/08/2018

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

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