



ANA PAOLA SANTOS-LEVY

License Number: PA9106948

Data As Of 1/25/2026

Profession	Physician Assistant
License	PA9106948
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	10/18/2012
Address of Record	13610 BRUCE B DOWNS BLVD TAMPA, FL 33613
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

3030 4th St N
SAINT PETERSBURG, FL 33704

Address

8849 State Rd 52
HUDSON, FL 34667

Address

12105 W Linebaugh Ave Unit 207
TAMPA, FL 33626

Address

206 E BRANDON BLVD
BRANDON, FL 33511

Address

1120 HOMESTEAD RD N
LEHIGH ACRES, FL 33936

Address

5616 TUSCOLA BLVD
NORTH PORT, FL 34281

Address

220 TAMAMI TRAIL
PORT CHARLOTTE, FL 33948

Address

1328 N WOODLAND BLVD
DELAND, FL 32720

Address

13005 COLLIER BLVD
GOLDEN GATE, FL 34116

Address

7720 MERRILL RD MERRILL
JACKSONVILLE, FL 32277

Address

1150 US HWY 1
VERO BEACH, FL 32960

[Address](#)

1809 N UNIVERSITY DRIVE N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

[Address](#)

4520 DONALD ROSS RD STE 100
PALM BEACH GARDENS, FL 33418

[Address](#)

13610 N BRUCE B DOWNS BLVD
TAMPA, FL 33613

[Address](#)

19985 S TAMIAMI TRAIL
ESTERO, FL 33928

[Address](#)

1021 N STATE RD 7
ROYAL PLM BEACH, FL 33411

[Address](#)

7593 BOYTON BEACH BLVD STE 190
BOYNTON BEACH, FL 33437

[Address](#)

26812 US HWY 19 N
CLEARWATER, FL 33761

[Address](#)

10500 ULMERTON RD STE 202
LARGO, FL 33771

[Address](#)

12375 S CLEVELAND AVE
FORT MYERS, FL 33907

[Address](#)

8849 STATE RD 52
HUDSON, FL 34667

[Address](#)

11985 ATLANTIC BLVD ATLANTIC
JACKSONVILLE, FL 32225

[Address](#)

19090 STATE RD 7
BOCA RATON, FL 33498

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
SCHREIER, JOSEPH EDWARD D O	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6767	11/20/2018
SCHREIER, JOSEPH EDWARD D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6767	11/19/2018

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
LAWRENCE, DAVID PAUL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114436	5/24/2022

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

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