



KIMBERLY MILLIGAN SHAPIRO

License Number: PA9106846

Data As Of 4/23/2026

Profession	Physician Assistant
License	PA9106846
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/18/2012
Address of Record	461 SO NOVA ROAD ORMOND BEACH, FL 32174
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

461 S. NOVA RD.
ORMOND BEACH, FL 32174

Address

937 N. SPRING GARDENS AVE.
DELAND, FL 32720

Address

2777 ENTERPRISE RD.
ORANGE CITY, FL 32763

Address

350 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

Address

740 DUNLAWTON AVE.
PORT ORANGE, FL 32127

Address

239 N. RIDGEWOOD AVE.
EDGEWATER, FL 32132

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
LE, ELIZABETH ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99663	02/06/2019
MATHEW, SUSAN P	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102982	02/15/2019
NIPPER, NEIL BAKER MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	108608	01/26/2016
ROSATI, SAMUEL M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103357	02/06/2019

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

461 S. NOVA RD.
ORMOND BEACH, FL 32174

Address

937 N. SPRING GARDENS AVE.
DELAND, FL 32720

Address

2777 ENTERPRISE RD.
ORANGE CITY, FL 32763

Address

350 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

Address

740 DUNLAWTON AVE.
PORT ORANGE, FL 32127

Address

239 N. RIDGEWOOD AVE.
EDGEWATER, FL 32132

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
LE, ELIZABETH ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99663	02/06/2019
MATHEW, SUSAN P	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102982	02/15/2019
NIPPER, NEIL BAKER MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	108608	01/26/2016
ROSATI, SAMUEL M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103357	02/06/2019

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.