



## KEVIN SHANE CLARK

### License Number: PA9108797

Data As Of 7/11/2025

|  |   |
|--|---|
| Profession   | Physician Assistant                         |
| License  | PA9108797                                   |
| License Status   | Clear/Active                                |
| Qualifications   | Prescribing                                 |
| License Expiration Date  | 1/31/2026                                   |
| License Original Issue Date  | 06/24/2015                                  |
| Address of Record  | 740 Dunlawton Ave.<br>PORT ORANGE, FL 32127 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

#### Address

239 North Ridgewood Ave.  
EDGEWATER, FL 32132

#### Address

350 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

#### Address

309 & 315 PALM COAST PARKWAY  
PALM COAST, FL 32137

#### Address

937 N. SPRING GARDENS AVENUE  
DELAND, FL 32720

#### Address

1182 OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176

#### Address

1340 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117

#### Address

320 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

#### Address

201 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

#### Address

2777 ENTERPRISE RD.  
ORANGE CITY, FL 32763

#### Address

461 S. NOVA RD.  
ORMOND BEACH, FL 32174

#### Address

1184 OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176

## 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 |
|-----------------------------|--------------------------------------|----------------|---------|----------------|
| ASIHENE, REGINA JOSEPHINE   | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 75732   | 06/09/2016     |
| MILCARSKY, EDWARD JOSEPH MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 58714   | 06/09/2016     |
| ROSATI, SAMUEL M            | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 103357  | 06/09/2016     |

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.