## MICHAEL DAVID TALHOUK

## License Number: PA9109253

Data As Of 8/22/2025

Profession Physician Assistant

License PA9109253 License Status Clear/Active Qualifications Prescribing License Expiration Date 1/31/2026 License Original Issue Date 12/15/2015

Address of Record 2502 W St. Isabel St.

Suite B

**TAMPA, FL 33607** 

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No **Public Complaint** No

# **Secondary Locations**

#### Address

4211 VanDyke Road LUTZ, FL 33558

#### Address

6901 Simmons Loop RIVERVIEW, FL 33578

### Address

6901 Simmons Loop St Joseph's Hospital South

RIVERVIEW, FL 33578

#### Address

4211 VanDyke Road St Joseph's Hospital North

LUTZ, FL 33558

#### Address

3001 W DMLK Blvd St Joseph's Hospital

TAMPA, FL 33607

### Address

300 Pinellas Street MS 36 Morton Plant Hospital

CLEARWATER, FL 33756

#### Address

3503 East Frontage Rd TAMPA, FL 33607

## 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
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	04/29/2020

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

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
GONNELLA, DAVID	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114776	11/3/2021

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

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