



SHAUN ALAN NOTMAN

License Number: OS13026

Data As Of 4/21/2026

| | |
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| Profession | Osteopathic Physician |
| License | OS13026 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 3/31/2028 |
| License Original Issue Date | 11/18/2014 |
| Address of Record | University Orthopedic Care 8470 Cooper Creek Blvd. UNIVERSITY PARK, FL 34201 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

4511 N. HIMES AVE. SUITE 160
TAMPA, FL 33614

Address

3491 GANDY BLVD. SUITE 202
PINELLAS PARK, FL 33781

Address

1620 TAMIAMI TRAIL 103
PORT CHARLOTTE, FL 33948

Address

1917 WORTH COURT
BRADENTON, FL 34211

Address

8771 COLLEGE PARKWAY BLDG. 2, SUITE 201
FT MYERS, FL 33919

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.

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-----------------------|--------------|----------------|---------|----------------|
| GERBER, JOEL LAWRENCE | SUBORDINATE | MEDICAL DOCTOR | 84098 | 1/1/2019 |

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

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