



SHAHANA ALI

License Number: PA9112834

Data As Of 11/22/2024

Profession	Physician Assistant
License	PA9112834
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	12/12/2019
Address of Record	1615 E highway 50 CLERMONT, FL 34711
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

3581 SW Archer Road Suite 40
GAINESVILLE, FL 32608

Address

3925 NW 43rd Street
GAINESVILLE, FL 32606

Address

2415 SW College Road
OCALA, FL 34471

Address

720 SW 2nd Avenue Suite 160A
GAINESVILLE, FL 32601

Address

512 East Altamonte Drive Suite 1000
ALTAMONTE SPRINGS, FL 32701

Address

3840 East State Road 436 Suite 1000
APOPKA, FL 32703

Address

7751 Kingspointe Pkwy Suite 114
ORLANDO, FL 32819

Address

1414 E Oscoela Pkwy
KISSIMMEE, FL 34744

Address

136 Parliament Loop Suite 1020
LAKE MARY, FL 32746

Address

2555 S Kirkman Road
ORLANDO, FL 32811

Address

2323 South Orange Avenue
ORLANDO, FL 32806

Address

5355 RedBug Lake Road
WINTER SPRINGS, FL 32708

[Address](#)

968 W Mitchell Hammock Road Suite 1050
OVIDO, FL 32765

[Address](#)

10959 West Colonial Drive Unit 6 & 8
OCOEE, FL 34761

[Address](#)

8132 Lee Vista Blvd Suite B
ORLANDO, FL 32829

[Address](#)

1615 East Highway 50 Suite 200
CLERMONT, FL 34711

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
COOPERSTEIN, GARY ALAN	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15659	07/23/2020
COOPERSTEIN, GARY ALAN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15659	07/23/2020
ELLOWAY, RICHARD LUKE M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	125695	07/14/2020

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

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