



## COLE POMYKACZ

License Number: PA9114086

Data As Of 7/1/2025

Profession	Physician Assistant
License	PA9114086
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	02/11/2021
Address of Record	433 SE Ocean Blvd Stuart Oncology Assoc STUART, FL 34994
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

1700 S 23rd Street Lawnwood Medical Center  
FORT PIERCE, FL 34950

### Address

1800 SE Tiffany Avenue St Lucie Medical Center  
PORT SAINT LUCIE, FL 34952

### Address

2100 SE Salerno Road Cleveland Clinic Martin South Hospital  
STUART, FL 34997

### Address

200 SE Hospital Avenue Cleveland Clinic Martin North Hospital  
STUART, FL 34994

### Address

1780 Hillmoor Drive Stuart Oncology Assoc  
PORT SAINT LUCIE, FL 34952

### Address

1231 North Lawnwood Circle  
PORT SAINT LUCIE, FL 34950

### Address

1210 SE Tiffany Avenue St Lucie Medical Center  
PORT SAINT LUCIE, FL 34952

## 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
SIMONE, CHRISTINE GAIL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	113791	03/24/2021

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

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