



## JUSTIN ANDREW SCHNEIDER

### License Number: PN5239039

Data As Of 9/20/2026

Profession Licensed Practical Nurse  
License PN5239039  
License Status Emerg Suspens/  
License Expiration Date 7/31/2027  
License Original Issue Date 02/25/2019  
Address of Record 4300 Sunray dr  
HOLIDAY, FL 34691  
Discipline on File No  
Public Complaint Yes  
Alerts Enforcement Alert  
8/18/2026 3:23:21 PM  
Emergency Suspension Order filed 08/18/2026.

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

| Name              | License | Profession               | City    | County | State | Case #    | Action Taken | Action Date |
|-------------------|---------|--------------------------|---------|--------|-------|-----------|--------------|-------------|
| SCHNEIDER, JUSTIN | 5239039 | LICENSED PRACTICAL NURSE | HOLIDAY | PASCO  | FL    | 202549925 | ESO ISSUED   | 08/18/2026  |

#### Discipline Cases

No Discipline Found

#### Public Complaints

| Name                     | License | Profession               | City    | State | Case #    | Action Taken |
|--------------------------|---------|--------------------------|---------|-------|-----------|--------------|
| SCHNEIDER, JUSTIN ANDREW | 5239039 | LICENSED PRACTICAL NURSE | HOLIDAY | FL    | 202549925 | AC FILED     |

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.

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.

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Discipline/Admin Action

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