

ANNA CULLOTTA

License Number: PA9117769

Data As Of 11/27/2025

Profession Physician Assistant

License PA9117769
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 08/28/2023

Address of Record 1 Tampa General Circle
TAMPA, FL 33606

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

2609 santa barabra blvd CAPE CORAL, FL 33914

Address

4332 coetez rd

BRADENTON, FL 34210

Address

10735 east sr 64 e. BRADENTON, FL 34212

Address

3110 fruitville commons blvd ste 101

SARASOTA, FL 34240

Address

7337 university pkwy

LAKEWOOD RANCH, FL 34202

Address

313 sw pine island rd

CAPE CORAL, FL 33991

Address

5616 tuscola blvd

NORTH PORT, FL 34287

Address

2200 tamiami trial

PORT CHARLOTTE, FL 33948

Address

7321 park blvd n.

PINELLAS PARK, FL 33781

Address

3030 4th st n

SAINT PETERSBURG, FL 33704

Address

10943 causeway blvd

BRANDON, FL 33511

Address

12105 w linebaugh ave unit 207 WESTCHASE, FL 33626

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 |
|-----------------------|--------------------------------------|-----------------------|---------|----------------|
| PLEASANTS, TOM ADAIR | SUPERVISING DISPENSING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 5751 | 08/14/2025 |
| SALMON, SOPHIA SIMONA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 85896 | 06/19/2024 |

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

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