



## ANNA CULLOTTA

License Number: PA9117769

Data As Of 1/12/2026

Profession	Physician Assistant
License	PA9117769
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/28/2023
Address of Record	1 Tampa General Circle TAMPA, FL 33606
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

## Address

2609 santa barabara 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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