DAVID WILLIAM SHOEMAKER

License Number: ME39238

Data As Of 10/17/2025

Profession Medical Doctor
License ME39238
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 12/01/1981

Address of Record 2601 S TAMIAMI TRAIL SARASOTA, FL 34239

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1360 E.VENICE AVE VENICE, FL 34285

Address

1800 S MCCALL RD ENGLEWOOD, FL 34223

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
CENTER FOR SIGHT, PL	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3119	2/2/2010
LASER & SURGICAL SERVICES AT CENTER FOR	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3127	2/2/2010

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

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