## **GARRICK LARSON SMITH**

## License Number: RN9234839

Data As Of 1/1/2025

Profession Registered Nurse License RN9234839

License Status EMERG RESTRICT/Active Qualifications Single-state License

License Expiration Date

License Original Issue

Date

07/25/2005

4/30/2025

Address of Record

1700 S. Tamiami Trail SARASOTA, FL 34239

Discipline on File Yes
Public Complaint Yes

Alerts Enforcement Alert

6/5/2024 12:27:43 PM

Emergency Restriction Order filed 06/05/2024.

# **Secondary Locations**

No secondary locations found.

# Discipline/Admin Action

# **Emergency Actions**

Name	License	Profession	City	County	State	Case#	Action Taken	Action Date
SMITH, GARRICK	9234839	REGISTERED NURSE	SARASOTA	SARASOTA	FL	202415423	ERO ISSUED	06/05/2024

# **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
SMITH, GARRICK LARSON	9234839	REGISTERED NURS	SARASOTA	FL	201013931	SUSPENSION SATISFIED
SMITH, GARRICK LARSON	9234839	REGISTERED NURS	SARASOTA	FL	201402047	SUSPENSION SATISFIED
SMITH, GARRICK LARSON	9234839	REGISTERED NURS	SARASOTA	FL	201401810	SUSPENSION SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE	SARASOTA	FL	202415423	AC FILED
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE	SARASOTA	FL	201013931	AC FILED
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE	SARASOTA	FL	201401810	AC FILED
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE	SARASOTA	FL	201402047	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.

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