



MARK ALLEN BARNHURST

License Number: PA9101148

Data As Of 7/17/2025

| | |
|--|--|
| Profession | Physician Assistant |
| License | PA9101148 |
| License Status | Null And Void/ |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2020 |
| License Original Issue Date | 11/23/1999 |
| Address of Record | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

2659 2659 North Lecanto Hwy
BEVERLY HILLS, FL 34461

Address

6279 N LECANTO HWY ACCESS HEALTHCARE, LLC
BEVERLY HILLS, FL 34465

Address

2173 MARINER BLVD ACCESS HEALTHCARE, LLC
SPRING HILL, FL 34609

Address

700 SOUTHEAST FIFTH TERRACE, SUITE ACCESS HEALTHCARE, LLC
CRYSTAL RIVER, FL 34429

Address

1903 W HIGHWAY 44 ACCESS HEALTHCARE, LLC
INVERNESS, FL 34453

Address

13220 BELCHER ROAD, SUITE 11 ACCESS HEALTHCARE, LLC
LARGO, FL 33773

Address

920 W JEFFERSON STREET ACCESS HEALTHCARE. LLC
BROOKSVILLE, FL 34601

Address

8365 S. SUNCOAST BLVD ACCESS HEALTHCARE, LLC
HOMOSASSA, FL 34446

Address

13944 LAKESHORE BLVD, SUITE A ALL AMERICAN PHYSICIANS ASSOC., LLC
HUDSON, FL 34667

Address

3506 MARINER BLVD ACCESS HEALTHCARE, LLC
SPRING HILL, FL 34609

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.

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.