



MARK WILLIAM HOLLMANN MD

License Number: ME52028

Data As Of 8/16/2025

Profession	Medical Doctor
License	ME52028
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	12/28/1987
Address of Record	740 WEST PLYMOUTH AVENUE DE LAND, FL 32720
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1053 MEDICAL CTR DR STE 101
ORANGE CITY, FL 32763

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	Effective License Date
BURNHAM, JONATHAN TYLER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116438 9/19/2022

Name	Relationship	Profession	License	Effective Date
FLORIDA ORTHOPAEDIC ASSOCIATES, PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1467	2/6/2009
FLORIDA ORTHOPAEDIC ASSOCIATES, PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1468	2/6/2009
SAMSOE, HENRY NOEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103133	4/14/2025

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

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.