



MEGAN LEY VERDONI

License Number: PA9102045

Data As Of 9/17/2025

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|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Profession | Physician Assistant |
| License | PA9102045 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 07/11/2002 |
| Address of Record | 1700 S. TAMiami TRAIL SARASOTA EMERGENCY ASSOC, PA SARASOTA, FL 34239 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1040 RIVER HERITAGE BLVD URGENT CARE HH
BRADENTON, FL 34212

Address

500 JOHN RINGLING BLVD URGENT CARE ST. ARMANDS
SARASOTA, FL 34236

Address

2345 BOBCAT VILLAGE CENTER RD North Port SMH ER
NORTHPORT, FL 34288

Address

6331 South Tamiami Trail URGENT CARE Stickney Point
SARASOTA, FL 34231

Address

997 N. US 41 BYPASS URGENT CARE CENTER AT VENICE
VENICE, FL 34285

Address

5590 BEE RIDGE ROAD, BLDG. A URGENT CARE BEE RIDGE
SARASOTA, FL 34233

Address

5360 University Parkway URGENT CARE UNIVERSITY
SARASOTA, FL 34231

Address

2600 Laurel Road E. SMH - VENICE CAMPUS
NORTH VENICE, FL 34275

Address

8431 Pointe Loop Dr URGENT CARE SOUTH VENICE
VENICE, FL 34293

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 | Effective | |
|-----------------------------------|-----------------------------------------|-------------------|-----------|------------|
| | | | License | Date |
| NEWCOMB, CHRISTOPHER FREDERICK | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 99075 | 01/11/2017 |

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

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