



## NEW ISLAND SPA LLC

License Number: MM44309

Data As Of 2/5/2025

|                             |   |
|-----------------------------|---|
| Profession                  | Massage Establishment   |
| License                     | MM44309   |
| License Status              | EMERG SUSPENS/  |
| License Expiration Date     | 8/31/2025   |
| License Original Issue Date | 08/11/2023  |
| Address of Record           | 3005 Caring Way STE 2<br>PORT CHARLOTTE, FL 33952                                       |
| Discipline on File          | No  |
| Public Complaint            | No  |
| Alerts                      | Enforcement Alert<br>1/24/2025 4:14:23 PM<br>1.24.2025 - Order or Emergency Suspension. |

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

| Name                | License | Profession            | City           | County    | State | Case #    | Action Taken | Action Date |
|---------------------|---------|-----------------------|----------------|-----------|-------|-----------|--------------|-------------|
| NEW ISLAND SPA LLC, | 44309   | MASSAGE ESTABLISHMENT | PORT CHARLOTTE | CHARLOTTE | FL    | 202437436 | ESO ISSUED   | 01/24/2025  |

#### 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        | License | Effective Date |
|---------------|--------------|-------------------|---------|----------------|
| PAC, JOSEPH G | MANAGER      | MASSAGE THERAPIST | 86986   | 08/17/2024     |

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

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