



HOWARD LINZER

License Number: OS7727

Data As Of 1/12/2026

Profession	Osteopathic Physician
License	OS7727
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	08/11/1998
Address of Record	6400 DAVIS BLVD. SUITE 101 NAPLES, FL 34104
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
6400 Davis Blvd Suite 102
NAPLES, FL 34102

Address
131 W Robertson St
BRANDON, FL 33511

Address
70 Turin Terrace Suite 110
ST AUGUSTINE, FL 32092

Address
110 Health Park Blvd
ST AUGUSTINE, FL 32086

Address
6250 Lantanna Road Suite D6
LAKE WORTH, FL 33463

Address
5067 N Dixie Highway
OAKLAND PARK, FL 33334

Address
4332 Cortez RD
BRADENTON, FL 34210

Address
3110 Fruitville Commons BLVD # 101
SARASOTA, FL 34240

Address
5616 Tuscola Blvd
NORTH PORT, FL 34287

Address
2200 Tamiami Trail
PORT CHARLOTTE, FL 33948

Address
15165 McGregor Blvd
FORT MYERS, FL 33908

Address

12375 S Cleveland Ave
FT MYERS, FL 33908

Address

19985 S Tamiami Trail
ESTERO, FL 33928

Address

1120 Homestead RD N
LEHIGH ACRES, FL 33936

Address

13005 Collier Blvd
NAPLES, FL 34116

Address

10735 FL 64
BRADENTON, FL 34212

Address

7337 University PKWY
LAKEWOOD RANCH, FL 34202

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	License	Effective Date
CONNEALY, MARGEAUX BRIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118357	11/19/2024
GUMINA, DANIELLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107014	1/20/2022
GUMINA, DANIELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107014	1/20/2022
HILLIGOSS, PATRICIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104013	7/25/2017
JOEMMANKHAN, RASHIDA NATACHA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102718	8/2/2024
KENDZIOR, CAYLA RAE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113721	8/2/2024
KRUMHOLZ FARI AS, BRETT ELLYSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108244	12/30/2024
LAWRENCE, JAMES HARLEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118641	4/8/2025
ROWLAND, WENDY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114452	4/17/2023

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

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