



ASSOYE T BELONY

License Number: PA9103912

Data As Of 9/9/2025

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| Profession | Physician Assistant |
| License | PA9103912 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 09/13/2006 |
| Address of Record | 1515 26th Ave E Lawton Chiles Pediatrics BRADENTON, FL 34208 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

12271 US Highway 301 N Edgar H Price, Jr Children Healthcare Center
PARRISH, FL 34219

Address

6040 53rd Avenue East Whole Child Pediatrics
BRADENTON, FL 34203

Address

220 N Tuttle Ave North Tuttle Pediatrics
SARASOTA, FL 34237

Address

250 N Brevard Ave Arcadia Childrens Healthcare Center
ARCADIA, FL 34266

Address

6326 15th St E North Mantee Pediatrics
SARASOTA, FL 34243

Address

1200 37th Ave East Southeast High School
BRADENTON, FL 34208

Address

888 N Robert Ave Twin Rivers Medical Center
ARCADIA, FL 34266

Address

119 Shamorck Blvd Venice Pediatrics
VENICE, FL 34293

Address

712 39th St W Manatee Pediatrics
BRADENTON, FL 34205

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 | License | Effective Date |
|---------------------------|--------------------------------------|----------------|---------|----------------|
| CAPOTE, JESSICA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 90071 | 05/03/2016 |
| CENDANA, ELISA BARROZO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 101680 | 05/03/2016 |
| HERNANDEZ, ANA L MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 61296 | 05/16/2016 |
| HERRYGERS, CANAAN SHELTON | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 116171 | 05/03/2016 |
| JNGILLES, JOSIE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 110587 | 05/16/2016 |
| LADINES, CECILIA AMAN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 76277 | 05/16/2016 |
| MONTES, LUIS ANTONIO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 123811 | 05/16/2016 |
| RUCKER, RAJIVI POTHIRAJ | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 84160 | 05/16/2016 |
| STRUM, NETA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 84993 | 05/03/2016 |
| VILLANUEVA, PEDRO R MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 50602 | 05/16/2016 |
| ZUNIGA-PEDRIANES, DANILO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 114883 | 05/03/2016 |

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