



## HANNAH GRACE BAIR

### License Number: PA9104025

Data As Of 1/12/2026

Professional	Physician Assistant
License	PA9104025
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	12/01/2006
Address of Record	1700 SOUTH TAMiami TRAIL SARASOTA MEMORIAL HOSPITAL EMERGENCY DEPT 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**

2345 Bobcat Village Center Rd  
SARASOTA, FL 34233

#### **Address**

5590 Bee Ridge Road  
SARASOTA, FL 34233

#### **Address**

1040 RIVER HERITAGE BLVD. HERITAGE HARBOUR  
BRADENTON, FL 34212

#### **Address**

500 JOHN RINGLING BLVD. ST. ARMAND'S WALK-IN CLINIC  
SARASOTA, FL 34236

#### **Address**

5590 BEE RIDGE ROAD URGENT CARE AT BEE RIDGE  
SARASOTA, FL 34233

#### **Address**

6813 S. Tamiami Trail  
SARASOTA, FL 34231

#### **Address**

5360 University Parkway  
SARASOTA, FL 34321

#### **Address**

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

#### **Address**

6331 S.Tamiami Trail Sarasota Memorial Gulf Gate Walk In  
SARASOTA, FL 34231

#### **Address**

2345 Bobcat Village Center Rd. Northport Emergency Associates  
NORTH PORT, FL 34288

### 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
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	07/20/2020

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

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