Florida HEALTH Department of Health

KELSIE ELISHA LAW

License Number: PA9104611

Data As Of 11/23/2026

Profession	Physician Assistant
License	PA9104611
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/23/2008
Address of Record	1700 SOUTH TAMIAMI TRAIL 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 Rd
SARASOTA, FL 34233

Address
5360 University Parkway
SARASOTA, FL 34231

Address
997 N. US 41 Bypass
VENICE, FL 34285

Address
500 John Ringling Blvd
SARASOTA, FL 34236

Address
1040 River Heritage Blvd
BRADENTON, FL 34212

Address
6331 South Tamiami Trail
SARASOTA, FL 34231

Address
2712 Bradenton Rd
SARASOTA, FL 34234

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

Address
1040 RIVER HERITAGE BLVD. HERITAGE HARBOUR WALK-IN CLINIC
BRADENTON, FL 34212

Address
5360 UNIVERSITY PARKWAY UNIVERSITY PARKWAY URGENT CARE CENTER
SARASOTA, FL 34243

Address

5590 BEE RIDGE ROAD, BLDG. A URGENT CARE CENTER AT BEE RIDGE

SARASOTA, FL 34233

Address

997 N US 41 BYPASS URGENT CARE CENTER AT VENICE

VENICE, FL 34285

Address

6331 S. Tamiami Trail Urgent Care Center @ Stickney Point

SARASOTA, FL 34231

Address

2345 BOBCAT VILLAGE CENTER RD NORTHPORT EMERGENCY ROOM

NORTHPORT, 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
BENIONI, TEARIKIRANGI ELIJAH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	106942	03/03/2016
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	08/20/2020
NEWCOMB, CHRISTOPHER FREDERICK	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99075	01/13/2017

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

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