



## JOHN DAVID HOLCOMB MD

### License Number: ME80017

Data As Of 5/31/2025

Profession	Medical Doctor
License	ME80017
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	03/15/2000
Address of Record	1 S. SCHOOL AVE SUITE 800 SARASOTA, FL 34237
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

3642 Madaca Lane  
TAMPA, FL 33618

#### Address

6118 S. Tamiami Trail  
SARASOTA, FL 34231

#### Address

6277 Lake Osprey Drive  
LAKEWOOD RANCH, FL 34240

### 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
FARIONE, ASHLEY JEAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117498	9/22/2023

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

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