



TIMOTHY DAVID SNEHA SHARPE

License Number: PA9105187

Data As Of 7/16/2025

Profession	Physician Assistant
License	PA9105187
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/21/2009
Address of Record	130 INDIAN COVE LN PONTE VEDRA BEACH, FL 32082
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

554 KINGSLEY AVE HEARTLAND NURSING HOME ORANGE PARK
ORANGE PARK, FL 32073

Address

4820 W DEERLAKE DR D-09 HEARTLAND NURSING HOME SOUTHSIDE
JAX, FL 32246

Address

755 South 5th Street Macclency Nursing Home & Rehab
MACCLENNY, FL 32063

Address

3772 West 3rd Street 1st Coat Primary Care
HILLIARD, FL 32046

Address

37216 Orange Street Life Care Center
HILLIARD, FL 32046

Address

730 College Street Parkridge Nursing Home
JAX, FL 32204

Address

8495 Warranty Blvd Heartland HealthCare Reheb Center
JAX, FL 32221

Address

1895 Kingsley Ave Florida Pain Specialists, PLLC
ORANGE PARK, FL 32073

Address

836 PRODENTIAL DRIVE, # 1603 PLASTIC & RECONSTRUCTIVE SURGERY
JAX, FL 32207

Address

7016 NOMANDY BLVD. FIRST COAST PRIMARY CARE
JAX, FL 32205

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.

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