



## ERIN LEIGH HOGAN

### License Number: PA9105744

Data As Of 4/23/2026

Profession	Physician Assistant
License	PA9105744
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	10/21/2010
Address of Record	13670 Walsingham Rd LARGO, FL 33774-3532
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

11921 N. Dale Mabry Hwy, Ste 7  
CARROLLWOOD, FL 33618

[Address](#)

11178 State Road 54, Suite B  
TRINITY, FL 34655

[Address](#)

17152 Donna Michelle Drive  
TAMPA, FL 33647

[Address](#)

1599 66th Street N  
SAINT PETERSBURG, FL 33710

[Address](#)

244 bloomingdale ave  
VALRICO, FL 33596

[Address](#)

18610 Fern View st  
LAND O LAKES, FL 34638

[Address](#)

711 S Belcher Road  
CLEARWATER, FL 33764

[Address](#)

2331 4th Street North  
SAINT PETERSBURG, FL 33704

[Address](#)

6455 Gulf Blvd  
SAINT PETE BEACH, FL 33706

[Address](#)

36245 US Hwy 27  
HAINES CITY, FL 33844

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### Address

10125 Big Bend Rd  
RIVERVIEW, FL 33578

### Address

3440 W. Dr MLK Blvd #100  
TAMPA, FL 33607

### Address

3351 N McMullen Booth Rd  
CLEARWATER, FL 33761

### Address

4821 US Hwy , Suite 5  
NEW PORT RICHEY, FL 34652

### Address

1155 S. Dale Mabry Hwy, Ste 7  
TAMPA, FL 33629

### Address

13670 Walsingham Rd  
LARGO, FL 33774

### Address

400 1st St . N  
WINTER HAVEN, FL 33881

## 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
KAUZLARICH, JOHN W DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	3478	08/07/2019
MAINOR, HENRY FRANK III	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13401	08/07/2019
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	05/01/2022
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	05/01/2022

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

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