



MARIA SHARON R ABOUHANNA

License Number: RN1573782

Data As Of 4/20/2026

Profession	Registered Nurse
License	RN1573782
License Status	Clear/Active
Qualifications	Single-state License
License Expiration Date	4/30/2028
License Original Issue Date	09/03/1984
Address of Record	13670 Walsingham Rd LARGO, FL 33774
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

11921 N. Dale Mabry Hwy Suite 7
TAMPA, FL 33618

Address

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

Address

1601 W Timberlane Dr
PLANT CITY, FL 33566

Address

11178 State Road 54
NEW PORT RICHEY, FL 34655

Address

18610 Fernview St
LAND O LAKES, FL 34638

Address

400 1st St N
WINTER HAVEN, FL 33881

Address

2442 Bloomingdale Ave
VALRICO, FL 33596

Address

10125 Big Bend Rd
RIVERVIEW, FL 33578

Address

2645 S Florida Ave
LAKELAND, FL 33803

Address

36245 US Hwy 27
HAINES CITY, FL 33884

Address

2331 4th Street North
SAINT PETERSBURG, FL 33704

Address

3351 N McMullen Booth Rd
CLEARWATER, FL 33761

Address

4821 US Hwy 19 Suite 5
NEW PORT RICHEY, FL 34652

Address

17152 Donna Michelle Drive Suite 5
TAMPA, FL 33647

Address

1599 66th Street N
SAINT PETERSBURG, FL 33710

Address

711 S Belcher Road
CLEARWATER, FL 33764

Address

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

Discipline/Admin Action

Please also check the Discipline/Admin action of the other license by clicking on the "Other License" tab.

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.

Other License

Name	Relationship	Profession	License	Effective Date
	APRN CONVERSION	ADVANCED PRACTICE REGISTERED NURSE	1573782	10/19/2018

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

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