



SHARON O GOKOOL

License Number: APRN11007149

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	04/30/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

This profile is not publishable pending confirmation by the practitioner.

Primary Practice Address

SHARON O GOKOOL
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Email Address

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