



## SOFIA NOOHANI KOHN

### License Number: PA9107506

Data As Of 4/4/2025

|  |  |
|--|--|
| Profession   | Physician Assistant  |
| License  | PA9107506  |
| License Status   | CLEAR/Active   |
| Qualifications   | Prescribing  |
| License Expiration Date  | 1/31/2026  |
| License Original Issue Date  | 09/17/2013   |
| Address of Record  | 5430 Military Trail Suite #64<br>Jupiter Medical Center Urgent Care<br>JUPITER, FL 33458 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No   |
| Discipline on File   | No   |
| Public Complaint   | No   |

### Secondary Locations

#### Address

1335 West Indiantown Rd Jupiter Medical Center Urgent Care  
JUPITER, FL 33458

#### Address

625 N Flagler Dr Jupiter Medical Center Urgent Care  
WEST PALM BEACH, FL 33401

#### Address

3250 PGA Blvd Jupiter Medical Center Urgent Care  
PALM BEACH GARDENS, FL 33410

#### Address

2628 SE FEDERAL HWY JUPITER MEDICAL CENTER URGENT CARE  
STUART, FL 34994

### 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 |
|---------------------|--------------------------------------|----------------|---------|----------------|
| ROMERO, HARRY JAMES | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 57070   | 12/13/2019     |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.