



## DANNY MICHAEL HIERHOLZER DO

License Number: OS11234

Data As Of 4/21/2026

Profession	Osteopathic Physician
License	OS11234
License Status	Clear/Active
License Expiration Date	3/31/2028
License Original Issue Date	02/15/2011
Address of Record	LAKEWOOD RANCH MEDICAL CENTER 8330 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FL 34202
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### 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.

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BUCKINGHAM, LINDSEY KATHLEEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108258	1/30/2020
DANGEL, ANTJE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112843	6/14/2022
GREENBERG, MICHAEL VINCENT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103824	6/14/2022

Name	Relationship	Profession	License	Effective Date
HENRY, MICHAEL D O	PRESCRIBING PHYSICIAN ASSISTANT	OSTEOPATHIC PHYSICIAN	8911	6/14/2022
HOIDA, SHIELDS DUSS	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	125526	6/14/2022
KASTEN, ROBERT LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106147	1/30/2020
MALIWACKI, LUCAS WAYNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108377	7/14/2022
POST, CYNTHIA SUE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3617	12/5/2019
SHIMANDLE, THOM RICHARD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101577	9/20/2018
ZALUZHNY, OLEG	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107487	6/14/2022

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.

## Secondary Locations

No secondary locations found.

## 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.

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BUCKINGHAM, LINDSEY KATHLEEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108258	1/30/2020
DANGEL, ANTJE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112843	6/14/2022
GREENBERG, MICHAEL VINCENT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103824	6/14/2022
HENRY, MICHAEL D O	PRESCRIBING PHYSICIAN ASSISTANT	OSTEOPATHIC PHYSICIAN	8911	6/14/2022
HOIDA, SHIELDS DUSS	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	125526	6/14/2022
KASTEN, ROBERT LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106147	1/30/2020
MALIWACKI, LUCAS WAYNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108377	7/14/2022
POST, CYNTHIA SUE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3617	12/5/2019
SHIMANDLE, THOM RICHARD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101577	9/20/2018
ZALUZHNY, OLEG	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107487	6/14/2022

Name	Relationship	Profession	License	Effective Date
------	--------------	------------	---------	----------------

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.

---