

SHAMITA PATEL

License Number: PA9108455

Data As Of 11/7/2025

Profession Physician Assistant

License PA9108455
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 12/22/2014

Address of Record 4238 W. Kennedy Blvd

ACADEMIC ALLIANCE IN DERMATOLOGY

TAMPA, FL 33609

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

3165 N MCMULLEN BOOTH RD, ACADEMIC ALLIANCE IN DERMATOLOGY BLDG B CLEARWATER, FL 33761

Address

1005 E BOYER ST ACADEMIC ALLIANCE IN DERMATOLOGY

TARPON SPRINGS, FL 34689

Address

2412 CYPRESS GLENN DR, ACADEMIC ALLIANCE IN DERMATOLOGY STE 102

WESLEY CHAPEL, FL 33544

Address

131 N OAKWOOD AVE STE 135 ACADEMIC ALLIANCE IN DERMATOLOGY

BRANDON, FL 33510

Address

5210 Webb Rd ACADEMIC ALLIANCE IN DERMATOLOGY

TAMPA, FL 33615

Address

1201 S MYRTLE AVE ACADEMIC ALLIANCE IN DERMATOLOGY

CLEARWATER, FL 33756

Address

3950 3RD ST NORTH STE A ACADEMIC ALLIANCE IN DERMATOLOGY

SAINT PETERSBURG, FL 33703

Address

646 VIRGINIA ST STE 201 ACADEMIC ALLIANCE IN DERMATOLOGY

DUNEDIN, FL 34698

Address

13321 N 56TH STREET ACADEMIC ALLIANCE IN DERMATOLOGY

TEMPLE TERRACE, FL 33617

Address

13910 FIVAY RD. STE 5 ACADEMIC ALLIANCE IN DERMATOLOGY

HUDSON, FL 34667

Address

2044 TRINITY OAKS BLVD, ACADEMIC ALLIANCE IN DERMATOLOGY STE 222

TRINITY, FL 34655

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
MCMEEKIN, THOMAS OWEN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	141554	01/01/2021
MCMEEKIN, THOMAS OWEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	141554	01/28/2021
VASILOUDES, PANAYIOTIS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	78436	04/22/2016
VASILOUDES, PANAYIOTIS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	78436	04/22/2016

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

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