



## KEVIN SHANE CLARK

License Number: PA9108797

Data As Of 1/11/2026

Profession	Physician Assistant
License	PA9108797
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	06/24/2015
Address of Record	740 Dunlawton Ave. PORT ORANGE, FL 32127
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

## Address

1184 OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176

## Address

461 S. NOVA RD.  
ORMOND BEACH, FL 32174

## Address

2777 ENTERPRISE RD.  
ORANGE CITY, FL 32763

## Address

201 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

## Address

320 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

## Address

1340 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117

## Address

1182 OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176

## Address

937 N. SPRING GARDENS AVENUE  
DELAND, FL 32720

## Address

309 & 315 PALM COAST PARKWAY  
PALM COAST, FL 32137

## Address

350 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114

## Address

239 North Ridgewood Ave.  
EDGEWATER, FL 32132

## 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
ASIHENE, REGINA JOSEPHINE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	75732	06/09/2016
MILCARSKY, EDWARD JOSEPH MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58714	06/09/2016
ROSATI, SAMUEL M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103357	06/09/2016

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

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