



KEVIN SHANE CLARK

License Number: PA9108797

Data As Of 4/5/2025

Profession	Physician Assistant
License	PA9108797
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
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

239 North Ridgewood Ave.
EDGEWATER, FL 32132

Address

350 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

Address

309 & 315 PALM COAST PARKWAY
PALM COAST, FL 32137

Address

937 N. SPRING GARDENS AVENUE
DELAND, FL 32720

Address

1182 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

Address

1340 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

Address

320 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

Address

201 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

Address

2777 ENTERPRISE RD.
ORANGE CITY, FL 32763

Address

461 S. NOVA RD.
ORMOND BEACH, FL 32174

Address

1184 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

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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