



MICHAEL DAVID TALHOUK

License Number: PA9109253

Data As Of 12/22/2024

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| Profession | Physician Assistant |
| License | PA9109253 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 12/15/2015 |
| Address of Record | 2502 W St. Isabel St. Suite B TAMPA, FL 33607 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

4211 VanDyke Road
LUTZ, FL 33558

Address

6901 Simmons Loop
RIVERVIEW, FL 33578

Address

6901 Simmons Loop St Joseph's Hospital South
RIVERVIEW, FL 33578

Address

4211 VanDyke Road St Joseph's Hospital North
LUTZ, FL 33558

Address

3001 W DMLK Blvd St Joseph's Hospital
TAMPA, FL 33607

Address

300 Pinellas Street MS 36 Morton Plant Hospital
CLEARWATER, FL 33756

Address

3503 East Frontage Rd
TAMPA, FL 33607

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 |
|-----------------------|--------------------------------------|----------------|---------|----------------|
| WALDREP, NATHAN KEITH | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 58834 | 04/29/2020 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-----------------|---------------------------------|---------------------|---------|----------------|
| GONNELLA, DAVID | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114776 | 11/3/2021 |

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

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