# MICHOL ALEXIS COOPER

## License Number: ME136836

Data As Of 7/8/2025			
Profession	Medical Doctor		
License	ME136836		
License Status	Clear/Active		
License Expiration Date	1/31/2026		
License Original Issue Date	06/11/2018		
Address of Record	1329 SW 16th Street		
	GAINESVILLE, FL 32608		
Controlled Substance Prescriber	No		
(for the Treatment of Chronic Non-			
malignant Pain)			
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
CARROLL, LEAH MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111743	10/13/2020
ROSEN, SARA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111912	9/16/2020
SHIFFLET, JENNIFER NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112494	12/6/2019

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

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