



## SAMANTHA LEE JUSINO

### License Number: PA9110617

Data As Of 1/11/2026

Profession	Physician Assistant
License	PA9110617
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/01/2017
Address of Record	4235 Kings highway Suite 103 Pulmonary, Sleep & Crit. Care Specialist PUNTA GORDA, FL 33980
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

25086 Olympia Avenue Unit 300 Pulmonary, Sleep & Crit. Care Specialist  
PUNTA GORDA, FL 33950

#### Address

14942 Tamiami Trail Unit A & B pulmonary, Sleep & Critical Care Spec  
NORTH PORT, FL 34287

#### Address

4235 Kings Highway Suite 103 Pulmonary, Sleep & Crit. Care Specialist  
PORT CHARLOTTE, FL 33980

#### Address

21298 OLEAN BLVD FAWCETT MEMORIAL HOSPITAL  
PORT CHARLOTTE, FL 33952

#### Address

2500 Harbor Blvd ADVENT HEALTH PORT CHARLOTTE  
PORT CHARLOTTE, FL 33952

### 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
GERBER, JOEL LAWRENCE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	84098	08/31/2020
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	08/31/2020

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

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