

JOSHUA ANDREW HAMANN

License Number: PA9115152

Data As Of 11/21/2025

Profession Physician Assistant

License PA9115152
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 10/06/2021
Address of Record 5102 W SR 46
SANFORD, FL 32771

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

901 Currency Cir, Unit 1001 LAKE MARY, FL 32746

Address

7460 University Blvd, Ste 110 WINTER PARK, FL 32792

Address

4670 Marigold Ave POINCIANA, FL 34758

Address

1328 N Woodland Blvd DELAND, FL 32720

Address

8972 Turkey Lake Rd Ste A400 ORLANDO, FL 32819

Address

5845 Winter Garden Vineland Ro WINDERMERE, FL 34786

Address

628 Cagan View Rd; Ste. 3&4 CLERMONT, FL 34714

Address

805 County Rd 466 LADY LAKE, FL 32159

Address

2438 S Kirkman Rd ORLANDO, FL 32811

Address

92 E Mitchell Hammock Rd #1006

OVIEDO, FL 32765

Address

13935 Landstar Blvd #150 ORLANDO, FL 32824

Address

410 E Altamonte Dr #1020 ALTAMONTE SPRINGS, FL 32701

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
BOVELL, DON WALDO MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81076	08/25/2022
SANFORD, SCOTT ALLEN M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	63841	12/13/2023

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

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