Florida HEALTH Department of Health

# SHILO LLC

## License Number: PMC1760

*Data As Of 11/20/2026*

| | |
|---|---|
| Profession | Pain Management Clinic |
| License | PMC1760 |
| License Status | Obligations/ |
| License Expiration Date | 1/1/0001 |
| License Original Issue Date | 06/21/2018 |
| Address of Record | 10549 N FLORIDA AVE<br>SUITE J<br>TAMPA, FL 33612 |
| Discipline on File | Yes |
| Public Complaint | Yes |

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| SHILO LLC | 1760 | PAIN MAN. CLIN. | TAMPA | FL | 202416778 | OBLIGATIONS IMPOSED |

### Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| SHILO LLC | 1760 | PAIN MANAGEMENT CLINIC | TAMPA | FL | 202416778 | AC FILED |

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 |
|---|---|---|---|---|
| CILBRITH, DAVID BRUCE M D | PMC PHYSICIAN | MEDICAL DOCTOR | 39278 | 01/13/2025 |
| DO, HOI VAN | DESIGNATED PHYSICIAN | MEDICAL DOCTOR | 45208 | 05/30/2024 |
| DO, HOI VAN | PMC PHYSICIAN | MEDICAL DOCTOR | 45208 | 05/09/2024 |
| ENEBELI, CHUKA GODWIN | PMC PHYSICIAN | MEDI. DOCTOR- TEMP AREA OF CRITICAL NEED | 929 | 06/20/2024 |
| SHILO LLC, | PAIN MANAGEMENT CLINIC OWNER | UNLICENSED FACILITY PERSONNEL | | 06/21/2018 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| SHILO LLC | 1760 | PAIN MAN. CLIN. | TAMPA | FL | 202416778 | OBLIGATIONS IMPOSED |

### Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| SHILO LLC | 1760 | PAIN MANAGEMENT CLINIC | TAMPA | FL | 202416778 | AC FILED |

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 |
|---|---|---|---|---|
| CILBRITH, DAVID BRUCE M D | PMC PHYSICIAN | MEDICAL DOCTOR | 39278 | 01/13/2025 |

| Name | Relationship | Profession | License | Effective Date |
|---|---|---|---|---|
| DO, HOI VAN | DESIGNATED PHYSICIAN | MEDICAL DOCTOR | 45208 | 05/30/2024 |
| DO, HOI VAN | PMC PHYSICIAN | MEDICAL DOCTOR | 45208 | 05/09/2024 |
| ENEBELI, CHUKA GODWIN | PMC PHYSICIAN | MEDI. DOCTOR- TEMP AREA OF CRITICAL NEED | 929 | 06/20/2024 |
| SHILO LLC, | PAIN MANAGEMENT CLINIC OWNER | UNLICENSED FACILITY PERSONNEL | | 06/21/2018 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.