Florida HEALTH Department of Health

MARY ANN FRANCES COATOAM

License Number: PA9102357

Data As Of 11/17/2026

Profession	Physician Assistant
License	PA9102357
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	03/10/2003
Address of Record	105 Main Street ENTERPRISE, FL 32725
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
905 Historic Goldsboro Blvd
SANFORD, FL 32771

Address
400 w Airport Blvd
SANFORD, FL 32771

Address
225 Harvest Time Drive
SANFORD, FL 32771

Address
1120 State Rad 436 suite 1600
CASSELBERRY, FL 32707

Address
11881 A East Colonial Drive
ALAFAYA, FL 32826

Address
5730 Lake Underhill Road
ORLANDO, FL 32807

Address
5449 S Semoran Blvd Ste #14
ORLANDO, FL 32822

Address
6101 Lake Elenor Drive Ste #105
ORLANDO, FL 32809

Address
4930 east lake mary blvd
SANFORD, FL 32771

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
GUPTA, ANITA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	73977	10/26/2026
GUPTA, BHUPINDER RAI	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	73764	10/26/2026

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

Address
905 Historic Goldsboro Blvd
SANFORD, FL 32771

Address
400 w Airport Blvd
SANFORD, FL 32771

Address
225 Harvest Time Drive
SANFORD, FL 32771

Address
1120 State Rad 436 suite 1600
CASSELBERRY, FL 32707

Address
11881 A East Colonial Drive
ALAFAYA, FL 32826

Address
5730 Lake Underhill Road
ORLANDO, FL 32807

Address
5449 S Semoran Blvd Ste #14
ORLANDO, FL 32822

Address
6101 Lake Elenor Drive Ste #105
ORLANDO, FL 32809

Address
4930 east lake mary blvd
SANFORD, FL 32771

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
GUPTA, ANITA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	73977	10/26/2026
GUPTA, BHUPINDER RAI	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	73764	10/26/2026

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.