



## MEGAN LEY VERDONI

### License Number: PA9102045

Data As Of 8/21/2025

Profession	Physician Assistant
License	PA9102045
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/11/2002
Address of Record	1700 S. TAMiami TRAIL SARASOTA EMERGENCY ASSOC, PA SARASOTA, FL 34239
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1040 RIVER HERITAGE BLVD URGENT CARE HH  
BRADENTON, FL 34212

#### Address

500 JOHN RINGLING BLVD URGENT CARE ST. ARMANDS  
SARASOTA, FL 34236

#### Address

2345 BOBCAT VILLAGE CENTER RD North Port SMH ER  
NORTHPORT, FL 34288

#### Address

6331 South Tamiami Trail URGENT CARE Stickney Point  
SARASOTA, FL 34231

#### Address

997 N. US 41 BYPASS URGENT CARE CENTER AT VENICE  
VENICE, FL 34285

#### Address

5590 BEE RIDGE ROAD, BLDG. A URGENT CARE BEE RIDGE  
SARASOTA, FL 34233

#### Address

5360 University Parkway URGENT CARE UNIVERSITY  
SARASOTA, FL 34231

#### Address

2600 Laurel Road E. SMH - VENICE CAMPUS  
NORTH VENICE, FL 34275

#### Address

8431 Pointe Loop Dr URGENT CARE SOUTH VENICE  
VENICE, FL 34293

### 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	Effective	
			License	Date
NEWCOMB, CHRISTOPHER FREDERICK	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99075	01/11/2017

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

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