



SARAH BOLAND SKIPPER

License Number: PA9105222

Data As Of 7/1/2025

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|--|---|
| Profession | Physician Assistant |
| License | PA9105222 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 10/01/2009 |
| Address of Record | 1714 Mahan Center Blvd TALLAHASSEE, FL 32308 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1707 RIGGINS ROAD
TALLAHASSEE, FL 32308

Address

1704 RIGGINS ROAD
TALLAHASSEE, FL 32308

Address

1632 RIGGINS RD. DERMATOLOGY ASSO. OF TALLAHASSEE, PA
TALLAHASSEE, FL 32308

Address

20370 NE BURNS AVE. DERMATOLOGY ASSO. OF TALLAHASSEE, PA
BLOUNTSTOWN, FL 32424

Address

110 NE 5TH ST. DERMATOLOGY ASSO. OF TALLAHASSEE, PA
CARRABELLE, FL 32322

Address

486 SE RUTLEDGE ST. DERMATOLOGY ASSO. OF TALLAHASSEE, PA
MADISON, FL 32340

Address

10820 MARVIN JONES BLVD. DERMATOLOGY ASSO. OF TALLAHASSEE, PA
DOWLING PARK, FL 32064

Address

4449 MEANDERING WAY. DERMATOLOGY ASSO. OF TALLAHASSEE, PA
TALLAHASSEE, FL 32308

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 |
|-------------------------|--------------------------------------|----------------|---------|----------------|
| RICHARDSON, STEPHEN KYE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 98820 | 01/08/2020 |

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

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