



JENNIFER SUZANNE COLLINS

License Number: PA9105337

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9105337
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/06/2010
Address of Record	5380 Tech Data Drive LARGO, FL 33760
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1700 S Tamiami Trail Sarasota Medical Center
SARASOTA, FL 34239

Address

6331 South Tamiami Trail Sarasota Medical Urgent Care Center
SARASOTA, FL 34231

Address

5360 University Parkway Sarasota Memorial Urgent Care Center
SARASOTA, FL 34233

Address

1040 River Heritage Blvd Sarasota Memorial Urgent Care Center
BRADENTON, FL 34212

Address

997 N US Highway 41 Bypass Sarasota Memorial Urgent Care Center
VENICE, FL 34285

Address

5590 Bee Ridge Road Sarasota Memorial Urgent Care Center
SARASOTA, FL 34233

Address

500 John Ringling Blvd Sarasota Memorial Urgent Care Center
SARASOTA, FL 34236

Address

4016 Sun City Blvd SouthBay Hospital
SUN CITY CENTER, FL 33573

Address

5731 Bee Ridge Road Doctors Hospital of Sarasota
SARASOTA, FL 34233

Address

2901 W. SWANN AVE. MEMORIAL HOSPITAL OF TAMPA ER DEPARTMENT
TAMPA, FL 33609

Address

6001 WEBB RD. TAMPA COMMUNITY HOSPITAL EMERGENCY DEPT.
TAMPA, FL 33615

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
GERBER, JOEL LAWRENCE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	84098	09/03/2020
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	09/03/2020

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

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