

# **ERIN LEIGH HOGAN**

# License Number: PA9105744

Data As Of 11/21/2025

Profession Physician Assistant

License PA9105744
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

No

License Expiration Date 1/31/2026
License Original Issue Date 10/21/2010

Address of Record 13670 Walsingham Rd LARGO, FL 33774-3532

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

### Address

1155 S. Dale Mabry Hwy, Ste 7  $\,$ 

TAMPA, FL 33629

### Address

36245 US Hwy 27

HAINES CITY, FL 33844

### Address

36245 US Hwy 27

HAINES CITY, FL 33844

# Address

400 1st St . N

WINTER HAVEN, FL 33881

### Address

13670 Walsingham Rd

LARGO, FL 33774

### Address

6455 Gulf Blvd

SAINT PETE BEACH, FL 33706

### Address

244 bloomingdale ave

VALRICO, FL 33596

# Address

1599 66th Street N

33710,

## Address

18610 Fern View st

LAND O LAKES, FL 34638

### Address

2331 4th Street North

SAINT PETERSBURG, FL 33704

## Address

17152 Donna Michelle Drive

TAMPA, FL 33647

#### Address

11178 State Road 54, Suite B

TRINITY, FL 34655

#### Address

4821 US Hwy ,Suite 5

NEW PORT RICHEY, FL 34652

#### Address

10125 Big Bend Rd

RIVERVIEW, FL 33578

### Address

11921 N. Dale Mabry Hwy, Ste 7

CARROLLWOOD, FL 33618

#### Address

3351 N McMullen Booth Rd

CLEARWATER, FL 33761

#### Address

3440 W. Dr MLK Blvd #100

TAMPA, FL 33607

#### Address

711 S Belcher Road

CLEARWATER, FL 33764

# 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:

- ${\it 1. Full name and license number of the practitioner};\\$
- $2. \ \mbox{Name}$  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
KAUZLARICH, JOHN W DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	3478	08/07/2019
MAINOR, HENRY FRANK III	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13401	08/07/2019
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	05/01/2022
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	05/01/2022

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

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