



ERIN LEIGH HOGAN

License Number: PA9105744

Data As Of 8/20/2025

Profession	Physician Assistant
License	PA9105744
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
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)	No
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:

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
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

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