SHANNON LEIGH POHL

License Number: PA9106061

Data As Of 11/21/2025

Profession Physician Assistant

License PA9106061
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 07/06/2011

Address of Record 1700 South Tamiami Trail

Sarasota Memorial Hospital SARASOTA, FL 34239

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

5590 BEE RIDGE ROAD BEE RIDGE WALK IN CLINIC SARASOTA, FL 34233

Address

5360 UNIVERSITY PARKWAY UNIVERSITY WALK IN CLINIC

SARASOTA, FL 34231

Address

997 N US 41 BYPASS VENICE WALK IN CLINIC

VENICE, FL 34285

Address

6331 SOUTH TAMIAMI TRAIL STICKNEY POINT WALK IN CLINIC

SARASOTA, FL 34231

Address

Ringling College of Arts Student Health Care Center 2712 Bradneton Road

SARASOTA, FL 34234

Address

500 JOHN RINGLING BLVD. ST. ARMAND'S WALK-IN CLINIC

SARASOTA, FL 34236

Address

1040 RIVER HERITAGE BLVD. HERITAGE HARBOUR WALK-IN CLINIC

BRADENTON, FL 34212

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
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	08/20/2020

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

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