



LAUREN ADAMS DEERY

License Number: PA9106037

Data As Of 1/11/2026

Profession	Physician Assistant
License	PA9106037
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/23/2011
Address of Record	3210 Fruitville Rd SARASOTA, FL 34237
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, FL 34239

Address

8431 Pointe Loop Dr
VENICE, FL 34293

Address

5360 University Parkway
SARASOTA, FL 34231

Address

997 N US 41 Bypass
VENICE, FL 34285

Address

500 John Ringling Blvd
SARASOTA, FL 34236

Address

1040 River Heritage Blvd
BRADENTON, FL 34212

Address

2712 BRADENTON RD. RINGLING STUDENT CENTER CLINIC
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

Address

5590 BEE RIDGE ROAD, BLDG. A URGENT CARE CENTER AT BEE RIDGE
SARASOTA, FL 34233

Address

5360 University Prk
SARASOTA, FL 34243

Address

997 N. US 41 BYPASS URGENT CARE CENTER AT VENICE
VENICE, FL 34285

Address

6331 South Tamiami Trail Urgent Care Center @ Stickney Point
SARASOTA, FL 34231

Address

2345 Bobcat Village Center Rd Northport Emergency Associates PA
NORTH PORT, FL 34288

Address

3210 Fruitville Rd
SARASOTA, FL 34237

Address

720 Doctors Drive
ENGLEWOOD, FL 34223

Address

901 S Tamiami Trail
VENICE, FL 34285

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	Effective	
			License	Date
BENIONI, TEARIKIRANGI ELIJAH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	106942	02/01/2016
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	08/20/2020
NEWCOMB, CHRISTOPHER FREDERICK	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99075	01/13/2017

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

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