



## SHIVANI ATUL DOSHI

License Number: PA9107198

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9107198
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	04/25/2013
Address of Record	7593 BOYNTON BEACH BLD STE 190 MEDEXPRESS URGENT CARE BOYNTON BEACH, FL 33437
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

1809 N University Dr MedExpress Urgent Care  
CORAL SPRINGS, FL 33071

### Address

4520 Donald Ross Rd. Suite 100 MedExpress Urgent Care  
PALM BEACH GARDENS, FL 33418

### Address

1021 N. STATE RD. 7 MEDEXPRESS URGENT CARE  
ROYAL PALM BEACH, FL 33411

### Address

2810 W Martin Luther King Blvd  
TAMPA, FL 33607

### Address

801 Martin Luther King Blvd  
SEFFNER, FL 33584

### Address

22945 State Rd 54  
LUTZ, FL 33549

### Address

13610 N. Bruce B Downs Blvd  
TAMPA, FL 33613

### Address

20677 Bruce B Downs Blvd  
TAMPA, FL 33647

### Address

26812 US Highway 19 N MedExpress Urgent Care  
CLEARWATER, FL 33761

### Address

13856 N. Dale Mabry MedExpress Urgent Care  
TAMPA, FL 33618

### Address

206 E. Brandon Blvd MedExpress Urgent Care

BRANDON, FL 33511

## 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
JONES, JERRY K JR	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	10585	07/17/2017
SCHREIER, JOSEPH EDWARD D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6767	10/22/2024
SCHWARTZ, ROBERT GEORGE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	27109	01/30/2020
SCHWARTZ, ROBERT GEORGE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	27109	01/30/2020

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

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