



PATRICK WILLIAM STOREY

License Number: PA9107296

Data As Of 7/19/2025

Profession	Physician Assistant
License	PA9107296
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/01/2013
Address of Record	1700 S. TAMiami TRAIL SARASOTA MEMORIAL HOSPITAL SARASOTA, FL 34239
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2600 LAUREL RD E SARASOTA MEMORIAL HOSPITAL VENICE ER
NORTH VENICE, FL 34275

Address

8431 POINTE LOOP DRIVE URGENT CARE CENTER S VENICE
VENICE, FL 34293

Address

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

Address

2345 BOBCAT VILLAGE CENTER RD SARASOTA MEMORIAL HOSPITAL NORTHPORT EMERGENCY ROOM
NORTH PORT, FL 34288

Address

6331 S. TAMiami TRAIL URGENT CARE CENTER SP
SARASOTA, FL 34231

Address

5360 UNIVERSITY PARKWAY URGENT CARE CENTER UPW
SARASOTA, FL 34243

Address

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

Address

500 JOHN RINGLING BLVD. URGENT CARE CENTER SA
SARASOTA, FL 34236

Address

1040 RIVER HERITAGE BLVD. URGENT CARE CENTER HH
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.

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