



## SAMANTHA EMILY HOLTZMAN

### License Number: PA9107613

Data As Of 5/23/2026

Profession	Physician Assistant
License	PA9107613
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	10/15/2013
Address of Record	4500 San Pablo Road S Mayo Clinic Cannaday Building, 3E JACKSONVILLE, FL 32224
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

10950-60 San Jose Blvd. #190  
JACKSONVILLE, FL 32223

#### Address

742 Marsh Landing Parkway Mayo Beaches Primary Care Center  
JACKSONVILLE BEACH, FL 32250

#### Address

110 Southwood Lake Drive Mayo St. Augustine Primary Care Center  
SAINT AUGUSTINE, FL 32086

#### Address

7826 Ozark Drive Mayo Gate Parkway Primary Care Center  
JACKSONVILLE, FL 32256

### 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
HOLTZMAN, ROBERT BRUCE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	56620	08/01/2023
PRESUTTI, RICHARD JOHN D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6983	02/19/2020

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### Address

10950-60 San Jose Blvd. #190  
JACKSONVILLE, FL 32223

### Address

742 Marsh Landing Parkway Mayo Beaches Primary Care Center  
JACKSONVILLE BEACH, FL 32250

### Address

110 Southwood Lake Drive Mayo St. Augustine Primary Care Center  
SAINT AUGUSTINE, FL 32086

### Address

7826 Ozark Drive Mayo Gate Parkway Primary Care Center  
JACKSONVILLE, FL 32256

## 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
HOLTZMAN, ROBERT BRUCE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	56620	08/01/2023
PRESUTTI, RICHARD JOHN D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6983	02/19/2020

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.