



## TRAVIS CLAY NEAGLE

License Number: PA9108296

Data As Of 8/13/2025

Profession	Physician Assistant
License	PA9108296
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	10/02/2014
Address of Record	2343 Aaron St PORT CHARLOTTE, FL 33952
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

700 MEDICAL BLVD ENGLEWOOD COMMUNITY HOSPITAL  
ENGLEWOOD, FL 34223

### Address

2500 HARBOR BLVD. BAYFRONT HOSPITAL  
PORT CHARLOTTE, FL 33952

### Address

21298 OLEAN BLVD FAWCETT MEMORIAL HOSPITAL  
PORT CHARLOTTE, FL 33952

### Address

2343 AARON ST. MILLENNIUM PHYSICIAN GROUP  
PORT CHARLOTTE, FL 33952

### Address

2450 TAMiami REail STE A MILLENNIUM PHYSICIAN GROUP  
PORT CHARLOTTE, FL 33952

### Address

1287 US HIGHWAY 41 BYP S MILLENNIUM PHYSICIAN GROUP  
VENICE, FL 34285

### Address

13823 TAMiami TRAIL NORTH MILLENNIUM PHYSICIAN GROUP  
NORTH PORT, FL 34287

### Address

2400 S MCCALL ROAD STE C MILLENNIUM PHYSICIAN GROUP  
ENGLEWOOD, FL 34224

### Address

8911 DANIELS PARKWAY STE 7 MILLENNIUM PHYSICIAN GROUP  
FORT MYERS, FL 33912

### Address

5731 BEE RIDGE ROAD DOCTORS HOSPITAL OF SARASOTA  
SARASOTA, FL 34233

### Address

540 THE RIALTO VENICE REGIONAL BAYFRONT HEALTH  
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	License	Effective Date
CHOWDHURY, KHAZA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103890	09/19/2024
RUANO, ODEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	90183	01/14/2015

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

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