Florida HEALTH Department of Health

SHAMITA PATEL

License Number: PA9108455

Data As Of 11/4/2026

Profession	Physician Assistant
License	PA9108455
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	12/22/2014
Address of Record	4238 W. Kennedy Blvd ACADEMIC ALLIANCE IN DERMATOLOGY TAMPA, FL 33609
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
3165 N MCMULLEN BOOTH RD, ACADEMIC ALLIANCE IN DERMATOLOGY BLDG B
CLEARWATER, FL 33761

Address
1005 E BOYER ST ACADEMIC ALLIANCE IN DERMATOLOGY
TARPON SPRINGS, FL 34689

Address
2412 CYPRESS GLENN DR, ACADEMIC ALLIANCE IN DERMATOLOGY STE 102
WESLEY CHAPEL, FL 33544

Address
131 N OAKWOOD AVE STE 135 ACADEMIC ALLIANCE IN DERMATOLOGY
BRANDON, FL 33510

Address
5210 Webb Rd ACADEMIC ALLIANCE IN DERMATOLOGY
TAMPA, FL 33615

Address
1201 S MYRTLE AVE ACADEMIC ALLIANCE IN DERMATOLOGY
CLEARWATER, FL 33756

Address
3950 3RD ST NORTH STE A ACADEMIC ALLIANCE IN DERMATOLOGY
SAINT PETERSBURG, FL 33703

Address
646 VIRGINIA ST STE 201 ACADEMIC ALLIANCE IN DERMATOLOGY
DUNEDIN, FL 34698

Address
13321 N 56TH STREET ACADEMIC ALLIANCE IN DERMATOLOGY
TEMPLE TERRACE, FL 33617

Address
13910 FIVAY RD. STE 5 ACADEMIC ALLIANCE IN DERMATOLOGY
HUDSON, FL 34667

Address
2044 TRINITY OAKS BLVD, ACADEMIC ALLIANCE IN DERMATOLOGY STE 222
TRINITY, FL 34655

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
MCMEEKIN, THOMAS OWEN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	141554	01/01/2021
MCMEEKIN, THOMAS OWEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	141554	01/28/2021
VASILOUDES, PANAYIOTIS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	78436	04/22/2016
VASILOUDES, PANAYIOTIS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	78436	04/22/2016

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

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