

## **KEVIN SHANE CLARK**

## License Number: PA9108797

Data As Of 10/23/2025

Profession Physician Assistant

License PA9108797
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 06/24/2015

Address of Record 740 Dunlawton Ave.
PORT ORANGE, FL 32127

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

239 North Ridgewood Ave. EDGEWATER, FL 32132

### Address

350 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114

#### Address

309 & 315 PALM COAST PARKWAY

PALM COAST, FL 32137

### Address

937 N. SPRING GARDENS AVENUE

DELAND, FL 32720

# Address

1182 OCEAN SHORE BLVD.

ORMOND BEACH, FL 32176

### Address

1340 RIDGEWOOD AVENUE

HOLLY HILL, FL 32117

# Address

320 NORTH CLYDE MORRIS BLVD.

DAYTONA BEACH, FL 32114

#### Address

201 NORTH CLYDE MORRIS BLVD.

DAYTONA BEACH, FL 32114

### Address

2777 ENTERPRISE RD.

ORANGE CITY, FL 32763

### Address

461 S. NOVA RD.

ORMOND BEACH, FL 32174

### Address

1184 OCEAN SHORE BLVD.

ORMOND BEACH, FL 32176

# 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
ASIHENE, REGINA JOSEPHINE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	75732	06/09/2016
MILCARSKY, EDWARD JOSEPH MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58714	06/09/2016
ROSATI, SAMUEL M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103357	06/09/2016

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

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