



## SAMANTHA LEE JUSINO

License Number: PA9110617

Data As Of 12/16/2025

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| Profession   | Physician Assistant  |
| License  | PA9110617  |
| License Status   | Clear/Active   |
| Qualifications   | Prescribing<br>Dispensing Practitioner   |
| License Expiration Date  | 1/31/2028  |
| License Original Issue Date  | 09/01/2017   |
| Address of Record  | 4235 Kings highway<br>Suite 103<br>Pulmonary, Sleep & Crit. Care Specialist<br>PUNTA GORDA, FL 33980 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No   |
| Discipline on File   | No   |
| Public Complaint   | No   |

## Secondary Locations

### Address

25086 Olympia Avenue Unit 300 Pulmonary, Sleep & Crit. Care Specialist  
PUNTA GORDA, FL 33950

### Address

14942 Tamiami Trail Unit A & B pulmonary, Sleep & Critical Care Spec  
NORTH PORT, FL 34287

### Address

4235 Kings Highway Suite 103 Pulmonary, Sleep & Crit. Care Specialist  
PORT CHARLOTTE, FL 33980

### Address

21298 OLEAN BLVD FAWCETT MEMORIAL HOSPITAL  
PORT CHARLOTTE, FL 33952

### Address

2500 Harbor Blvd ADVENT HEALTH PORT CHARLOTTE  
PORT CHARLOTTE, FL 33952

## 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 |
|----------------------------|-------------------------------------|----------------|---------|----------------|
| GERBER, JOEL LAWRENCE      | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 84098   | 08/31/2020     |
| HOLLAND, REUBEN WRIGHT III | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 55507   | 08/31/2020     |

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

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