### SAMANTHA LEE JUSINO

### License Number: PA9110617

Data As Of 10/24/2025

Profession Physician Assistant

License PA9110617
License Status Clear/Active
Qualifications Prescribing

**Dispensing Practitioner** 

License Expiration Date 1/31/2026
License Original Issue Date 09/01/2017

Address of Record 4235 Kings highway

Suite 103

Pulmonary, Sleep & Crit. Care Specialist

PUNTA GORDA, FL 33980

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## **Secondary Locations**

#### Address

21298 OLEAN BLVD FAWCETT MEMORIAL HOSPITAL

PORT CHARLOTTE, FL 33952

## Address

4235 Kings Highway Suite 103 Pulmonary, Sleep & Crit. Care Specialist

PORT CHARLOTTE, FL 33980

#### Address

14942 Tamiami Trial Unit A & B pulmonary, Sleep & Critical Care Spec

NORTH PORT, FL 34287

### Address

25086 Olympia Avenue Unit 300 Pulmonary, Sleep & Crit. Care Specialist

PUNTA GORDA, FL 33950

## 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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