



## SHAHANA ALI

### License Number: PA9112834

Data As Of 9/10/2025

Profession	Physician Assistant
License	PA9112834
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	12/12/2019
Address of Record	1615 E highway 50 CLERMONT, FL 34711
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

3581 SW Archer Road Suite 40  
GAINESVILLE, FL 32608

#### Address

3925 NW 43rd Street  
GAINESVILLE, FL 32606

#### Address

2415 SW College Road  
OCALA, FL 34471

#### Address

720 SW 2nd Avenue Suite 160A  
GAINESVILLE, FL 32601

#### Address

512 East Altamonte Drive Suite 1000  
ALTAMONTE SPRINGS, FL 32701

#### Address

3840 East State Road 436 Suite 1000  
APOPKA, FL 32703

#### Address

7751 Kingspointe Pkwy Suite 114  
ORLANDO, FL 32819

#### Address

1414 E Oscoela Pkwy  
KISSIMMEE, FL 34744

#### Address

136 Parliament Loop Suite 1020  
LAKE MARY, FL 32746

#### Address

2555 S Kirkman Road  
ORLANDO, FL 32811

#### Address

2323 South Orange Avenue  
ORLANDO, FL 32806

#### Address

5355 RedBug Lake Road  
WINTER SPRINGS, FL 32708

[Address](#)

968 W Mitchell Hammock Road Suite 1050  
OVIEDO, FL 32765

[Address](#)

10959 West Colonial Drive Unit 6 & 8  
OCOEE, FL 34761

[Address](#)

8132 Lee Vista Blvd Suite B  
ORLANDO, FL 32829

[Address](#)

1615 East Highway 50 Suite 200  
CLERMONT, FL 34711

**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
COOPERSTEIN, GARY ALAN	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15659	07/23/2020
COOPERSTEIN, GARY ALAN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15659	07/23/2020
ELLOWAY, RICHARD LUKE M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	125695	07/14/2020

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

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