## SONJA CLAIRE RENFROE

## License Number: PA9114313

Data As Of 6/6/2025

Profession Physician Assistant

License PA9114313
License Status DELINQUENT/
Qualifications Prescribing
License Expiration Date 1/31/2024
License Original Issue Date 04/16/2021

Address of Record 12375 S Cleveland Avenue FORT MYERS, FL 33907

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

12375 S Cleveland Avenue FORT MYERS, FL 33907

### Address

8849 State Road 52 HUDSON, FL 34667

### Address

5616 Tuscola Blvd

NORTH PORT, FL 34286

### Address

1120 Homestead Road North LEHIGH ACRES, FL 33936

### Address

206 E Brandon Blvd BRANDON, FL 33511

## Address

13856 N Dale Mabry TAMPA, FL 33618

### Address

26812 US Highway 19 N CLEARWATER, FL 33761

#### Address

20677 Bruce B Downs Blvd

TAMPA, FL 33647

## Address

13610 N Bruce B Downs Blvd

TAMPA, FL 33613

#### Address

22945 State Road 54

LUTZ, FL 33549

### Address

3700 US 98 N

LAKELAND, FL 33809

Address

2810 W Martin Luther King Blvd TAMPA, FL 33607

#### Address

10500 Ulmerton Road Suite 202 LARGO, FL 33771

## 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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.