Florida HEALTH Department of Health

ANNE-MARIE VEGAS

License Number: PA9119668

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9119668
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	12/13/2024
Address of Record	4332 Cortez Road W BRADENTON, FL 34210
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
408 East Brandon Blvd
BRANDON, FL 33511

Address
13610 Bruce B. Downs Blvd
TAMPA, FL 33613

Address
2102 S. Dale Marby Hwy
TAMPA, FL 33629

Address
34621 US Hwy 19
PALM HARBOR, FL 34684

Address
26812 North Hwy 19
CLEARWATER, FL 33761

Address
2420 Gulf to Bay Blvd Suite 5
CLEARWATER, FL 33765

Address
10500 Ulmerton Rd
LARGO, FL 33771

Address
7321 Park Blvd N
PINELLAS PARK, FL 33781

Address
3030 4th St N
SAINT PETERSBURG, FL 33704

Address
2200 Tamiami Trail
PORT CHARLOTTE, FL 33948

Address
5616 Tuscola Blvd
NORTH PORT, FL 34287

Address
10943 Causeway Blvd
BRANDON, FL 33511
Address
10735 SR 64 E
BRADENTON, FL 34212
Address
7337 University Pkwy
LAKEWOOD RANCH, FL 34202
Address
3110 Fruitville Commons Blvd Suite 101
SARASOTA, FL 34240

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
SASSANO, JOSEPH A	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6016	08/15/2025
SASSANO, JOSEPH A	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6016	04/30/2025

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

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