



## MICHAEL VINCENT GREENBERG

### License Number: PA9103824

Data As Of 7/24/2025

Profession	Physician Assistant
License	PA9103824
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/03/2006
Address of Record	206 2ND ST. EAST MANATEE MEMORIAL HOSPITAL BRADENTON, FL 34208
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

8330 LAKEWOOD RANCH BLVD. LAKEWOOD RANCH MEDICAL CENTER  
BRADENTON, FL 34202

#### Address

4065 Tamiami Trl, Grappin Clinic  
PORT CHARLOTTE, FL 33952

#### Address

12511 Tamiami Trl S Grappin Clinic  
NORTH PORT, FL 34287

#### Address

347 6th Ave W, Grappin Clinic  
BRADENTON, FL 34204

#### Address

301 N Brevard Ave Grappin Clinic  
ARCADIA, FL 34266

#### Address

13117 Elk Mountain D Grappin Clinic  
RIVERVIEW, FL 33568

#### Address

5506 14th Street West Satellite ER for MMH  
BAYSHORE GARDENS, FL 34207

#### Address

1501 Laurel St, Sarasota, Grappin Clinic  
SARASOTA, FL 34236

### 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	Effective	
			License	Date
BRANSCOMB, NICHOLAS TIMOTHY	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	12337	07/24/2024
HIERHOLZER, DANNY MICHAEL DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11234	06/14/2022

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

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.