



HANNAH GRACE BAIR

License Number: PA9104025

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9104025
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	12/01/2006
Address of Record	1700 SOUTH TAMiami TRAIL SARASOTA MEMORIAL HOSPITAL EMERGENCY DEPT SARASOTA, FL 34239
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2345 Bobcat Village Center Rd
SARASOTA, FL 34233

Address

5590 Bee Ridge Road
SARASOTA, FL 34233

Address

1040 RIVER HERITAGE BLVD. HERITAGE HARBOUR
BRADENTON, FL 34212

Address

500 JOHN RINGLING BLVD. ST. ARMAND'S WALK-IN CLINIC
SARASOTA, FL 34236

Address

5590 BEE RIDGE ROAD URGENT CARE AT BEE RIDGE
SARASOTA, FL 34233

Address

6813 S. Tamiami Trail
SARASOTA, FL 34231

Address

5360 University Parkway
SARASOTA, FL 34321

Address

997 N US 41 BYPASS URGENT CARE CENTER AT VENICE
VENICE, FL 34285

Address

6331 S.Tamiami Trail Sarasota Memorial Gulf Gate Walk In
SARASOTA, FL 34231

Address

2345 Bobcat Village Center Rd. Northport Emergency Associates
NORTH PORT, FL 34288

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
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	07/20/2020

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

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