HANNAH GRACE BAIR

License Number: PA9104025

Data As Of 10/24/2025

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

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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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