



## KELSIE ELISHA LAW

License Number: PA9104611

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9104611
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/23/2008
Address of Record	1700 SOUTH TAMiami TRAIL 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

2712 Bradenton Rd  
SARASOTA, FL 34234

### Address

6331 South Tamiami Trail  
SARASOTA, FL 34231

### Address

1040 River Heritage Blvd  
BRADENTON, FL 34212

### Address

500 John Ringling Blvd  
SARASOTA, FL 34236

### Address

997 N. US 41 Bypass  
VENICE, FL 34285

### Address

5360 University Parkway  
SARASOTA, FL 34231

### Address

5590 Bee Ridge Rd  
SARASOTA, FL 34233

### Address

2345 Bobcat Village Center Rd  
SARASOTA, FL 34233

### Address

2345 BOBCAT VILLAGE CENTER RD NORTHPORT EMERGENCY ROOM  
NORTHPORT, FL 34288

### Address

6331 S. Tamiami Trail Urgent Care Center @ Stickney Point  
SARASOTA, FL 34231

### Address

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

### Address

5590 BEE RIDGE ROAD, BLDG. A URGENT CARE CENTER AT BEE RIDGE  
SARASOTA, FL 34233

### Address

5360 UNIVERSITY PARKWAY UNIVERSITY PARKWAY URGENT CARE CENTER  
SARASOTA, FL 34243

### Address

1040 RIVER HERITAGE BLVD. HERITAGE HARBOUR WALK-IN CLINIC  
BRADENTON, FL 34212

### Address

500 JOHN RINGLING BLVD. ST. ARMAND'S WALK-IN 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
BENIONI, TEARIKIRANGI ELIJAH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	106942 03/03/2016
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507 08/20/2020
NEWCOMB, CHRISTOPHER FREDERICK	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99075 01/13/2017

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

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