Florida HEALTH Department of Health

DESIREE YOLANDA MILLER PAC

License Number: PA9104853

Data As Of 10/29/2026

Profession	Physician Assistant
License	PA9104853
License Status	DELINQUENT/
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	11/04/2008
Address of Record	1700 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
SMH Urgent Care Heritage Harbo 1040 River Heritage Blvd.
LAKEWOOD RANCH, FL 34212

Address
SMH Urgent Care ST Armands 500 John Ringling Blvd.
SARASOTA, FL 34236

Address
SMH Urgent Care University 5360 University Pkwy
SARASOTA, FL 34243

Address
SMH Urgent Care Stickney Point 6331 S. Tamiami Trail
SARASOTA, FL 34231

Address
SMH Urgent Care Bee Ridge 5590 Bee Ridge Rd
SARASOTA, FL 34233

Address
SMH Urgent Care South Venice 8431 Pointe Loop Dr.
VENICE, FL 34293

Address
SMH Urgent Care Venice 997 US 41 bypass N
VENICE, FL 34285

Address
Sarasota Memorial Venice 2600 Laurel Rd E
VENICE, FL 34275

Address
Sarasota Memorial North Port 2345 Bobcat Village Center Rd
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
GAVIN, SHARON LYNN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	70044	07/18/2019
GAVIN, SHARON LYNN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	70044	02/16/2018

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

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