



JENNIFER SUZANNE COLLINS

License Number: PA9105337

Data As Of 6/13/2025

Profession	Physician Assistant
License	PA9105337
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	01/06/2010
Address of Record	5380 Tech Data Drive LARGO, FL 33760
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1700 S Tamiami Trail Sarasota Medical Center
SARASOTA, FL 34239

[Address](#)

6331 South Tamiami Trail Sarasota Medical Urgent Care Center
SARASOTA, FL 34231

[Address](#)

5360 University Parkway Sarasota Memorial Urgent Care Center
SARASOTA, FL 34233

[Address](#)

1040 River Heritage Blvd Sarasota Memorial Urgent Care Center
BRADENTON, FL 34212

[Address](#)

997 N US Highway 41 Bypass Sarasota Memorial Urgent Care Center
VENICE, FL 34285

[Address](#)

5590 Bee Ridge Road Sarasota Memorial Urgent Care Center
SARASOTA, FL 34233

[Address](#)

500 John Ringling Blvd Sarasota Memorial Urgent Care Center
SARASOTA, FL 34236

[Address](#)

4016 Sun City Blvd SouthBay Hospital
SUN CITY CENTER, FL 33573

[Address](#)

5731 Bee Ridge Road Doctors Hospital of Sarasota
SARASOTA, FL 34233

[Address](#)

2901 W. SWANN AVE. MEMORIAL HOSPITAL OF TAMPA ER DEPARTMENT
TAMPA, FL 33609

[Address](#)

6001 WEBB RD. TAMPA COMMUNITY HOSPITAL EMERGENCY DEPT.
TAMPA, FL 33615

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.

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