## JENNIFER SUZANNE COLLINS

## License Number: PA9105337

Data As Of 10/25/2025

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

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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.

# **Supervising Practitioners**

Name	Relationship	Profession	License	Effective Date
GERBER, JOEL LAWRENCE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	84098	09/03/2020
HOLLAND, REUBEN WRIGHT III	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	55507	09/03/2020

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

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