



## SHANNON LEIGH POHL

License Number: PA9106061

Data As Of 7/23/2025

Profession	Physician Assistant
License	PA9106061
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/06/2011
Address of Record	1700 South Tamiami Trail Sarasota Memorial Hospital 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

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

### Address

Ringling College of Arts Student Health Care Center 2712 Bradneton Road  
SARASOTA , FL 34234

### Address

6331 SOUTH TAMAMI TRAIL STICKNEY POINT WALK IN CLINIC  
SARASOTA, FL 34231

### Address

997 N US 41 BYPASS VENICE WALK IN CLINIC  
VENICE, FL 34285

### Address

5360 UNIVERSITY PARKWAY UNIVERSITY WALK IN CLINIC  
SARASOTA, FL 34231

### Address

5590 BEE RIDGE ROAD BEE RIDGE WALK IN CLINIC  
SARASOTA, FL 34233

## 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	08/20/2020

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

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