



SHANNON LEIGH POHL

License Number: PA9106061

Data As Of 12/2/2024

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 TAMAMIAMI 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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