



## NICHOLAS TIMOTHY BRANSCOMB

License Number: OS12337

Data As Of 4/21/2026

|  |  |
|--|--|
| Profession   | Osteopathic Physician                  |
| License  | OS12337                                |
| License Status   | Clear/Active                           |
| Qualifications   | Dispensing Practitioner                |
| License Expiration Date  | 3/31/2028                              |
| License Original Issue Date  | 08/26/2013                             |
| Address of Record  | 301 North Brevard<br>ARCADIA, FL 34266 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | Yes                                    |
| Authorized to Order (Medical and Low-THC Cannabis)                                   | Yes                                    |
| Discipline on File   | No                                     |
| Public Complaint   | No                                     |

### Secondary Locations

[Address](#)

420 Nokomis Ave S.  
VENICE, FL 34285

[Address](#)

1071 S tuttle Ave Suite 3  
SARASOTA, FL 34237

[Address](#)

12511 Tamiami Trail S  
NORTH PORT, FL 34287

[Address](#)

347 6th Ave W  
BRADENTON, FL 34205

[Address](#)

4065 Tamiami Trail  
PORT CHARLOTTE, FL 33952

[Address](#)

13117 Elk Mountain Dr  
RIVERVIEW, FL 33579

[Address](#)

420 Nokomis Ave S  
VENICE, FL 34285

### 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.

## Subordinate Practitioners

| Name                         | Relationship                    | Profession          | License | Effective Date |
|------------------------------|---------------------------------|---------------------|---------|----------------|
| BOE, MARISSA LEIGH           | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9113573 | 8/12/2025      |
| BOE, MARISSA LEIGH           | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113573 | 8/12/2025      |
| BUCKINGHAM, LINDSEY KATHLEEN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108258 | 1/30/2020      |
| GREENBERG, MICHAEL VINCENT   | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9103824 | 7/24/2024      |
| KASTEN, ROBERT LEE           | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106147 | 1/30/2020      |
| MC BRIDE, DELORIS CHANEL     | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9103847 | 7/18/2024      |
| MC BRIDE, DELORIS CHANEL     | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103847 | 7/18/2024      |
| POST, CYNTHIA SUE            | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 3617    | 12/27/2016     |
| SMITHEY, CRYSTAL DIANNA      | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104863 | 8/15/2025      |

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

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