



OLIVIA ELIZABETH SIMPSON

License Number: PA9108740

Data As Of 8/24/2025

Profession	Physician Assistant
License	PA9108740
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/01/2015
Address of Record	7000 4th Street N CareSpot SAINT PETERSBURG, FL 33702
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

CareSpot 3581 SW Archer Road, Suite 40
GAINESVILLE, FL 32608

Address

CareSpot 3925 NW 43rd Street
GAINESVILLE, FL 32606

Address

CareSpot 720 SW 2nd Avenue, Suite 160A
GAINESVILLE, FL 32601

Address

CareSpot 2415 SW College Road
OCALA, FL 34471

Address

CareSpot 512 East Altamonte Drive, Ste 1000
ALTAMONTE SPRINGS, FL 32701

Address

CareSpot 3840 East State Road 436, Ste 1000
APOPKA, FL 32703

Address

CareSpot 7751 Kingspointe Parkway, Suite 114
ORLANDO, FL 32819

Address

CareSpot 1414 E Osceola Parkway
KISSIMMEE, FL 34744

Address

CareSpot 5355 Red Bug Lake Rd
WINTER SPRINGS, FL 32708

Address

CareSpot 2555 S Kirkman Road
ORLANDO, FL 32811

Address

CareSpot 2323 South Orange Avenue, Suite A
ORLANDO, FL 32806

Address

CareSpot 10959 West Colonial Drive, Units 6&8
OCOEE, FL 34761

Address

CareSpot 968 W Mitchell Hammock Rd, St 1050
OVIEDO, FL 32765

Address

CareSpot 8132 Lee Vista Blvd, Suite B
ORLANDO, FL 32829

Address

CareSpot 136 Parliament Loop
LAKE MARY, FL 32746

Address

CareSpot 4895 E Bay Dr Unit 120
LARGO, FL 33764

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
BRAUN, DAVID	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	138472	01/09/2020
DERROW, MARTIN HAROLD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	46693	07/23/2015
HU, DAVID T	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	90064	01/16/2023

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

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