



## ASHLEY NICOLE MCPHIE

### License Number: ME119947

Data As Of 5/16/2025

Profession	Medical Doctor
License	ME119947
License Status	CLEAR/Active
License Expiration Date	1/31/2026
License Original Issue Date	05/09/2014
Address of Record	302 W Fletcher Ave TAMPA, FL 33612
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### [Address](#)

19203 N. Dale Mabry Hwy  
LUTZ, FL 33548

#### [Address](#)

12085 West Hillsborough Ave  
TAMPA, FL 33635

#### [Address](#)

1212 E Bearss Avenue  
LUTZ, FL 33549

#### [Address](#)

12410 N. Nebraska Ave  
TAMPA, FL 33612

#### [Address](#)

2727 W. Dr. MLK Jr. Blvd Suite 630  
TAMPA, FL 33607

#### [Address](#)

2808 W. Dr. MLK Jr. Blvd  
TAMPA, FL 33607

#### [Address](#)

3901 S. Westshore Blvd  
TAMPA, FL 33611

#### [Address](#)

4422 E Columbus Drive  
TAMPA, FL 33605

#### [Address](#)

4620 N. 22nd Street  
TAMPA, FL 33610

#### [Address](#)

5611 Sheldon Road  
TAMPA, FL 33615

#### [Address](#)

6216 E. Sligh Avenue  
TAMPA, FL 33617

#### [Address](#)

7608 Causeway Blvd

TAMPA, FL 33619

[Address](#)

7814 N. Dale Mabry Hwy

TAMPA, FL 33614

[Address](#)

8108 N. Nebraska Avenue

TAMPA, FL 33604

[Address](#)

8213 W. Waters Avenue

TAMPA, FL 33615

[Address](#)

2727 W Dr MLK Ave Suite #100

TAMPA, FL 33607

## 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.

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