



MARY JO MEEK

License Number: PA9109242

Data As Of 4/18/2025

Profession	Physician Assistant
License	PA9109242
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	12/07/2015
Address of Record	BUC 2645 S. FLORIDA AVENUE LAKELAND, FL 33803
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

17152 Donna Michelle Drive Ste 5
TAMPA, FL 33647

Address

3351 N McMullen Booth Rd
CLEARWATER, FL 33761

Address

11178 State Road 54, Suite B
TRINITY, FL 34655

Address

711 S Belcher Road
CLEARWATER, FL 33764

Address

2331 4th Street North
SAINT PETERSBURG, FL 33706

Address

36245 US HWY 27 BUC
HAINES CITY, FL 33844

Address

10125 BIG BEND RD BUC
RIVERVIEW, FL 33578

Address

2442 Bloomingdale Avenue
VALRICO, FL 33596

Address

400 1st St . N
WINTER HAVEN, FL 33881

Address

4821 US Hwy ,Suite 5
NEW PORT RICHEY, FL 34652

Address

1155 S. Dale Mabry Hwy, Ste 7
TAMPA, FL 33629

Address

11921 N. Dale Mabry Hwy, Ste 7
CARROLLWOOD, FL 33618

Address

159 66th Street N
SAINT PETERSBURG, FL 33710

Address

18610 Fern View st
LAND O LAKES, FL 34638

Address

3440 W. Dr MLK Blvd #100
TAMPA, FL 33607

Address

13670 Walsingham Rd
LARGO, FL 33774

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
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	06/27/2017
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	06/26/2017

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

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