Florida HEALTH Department of Health

ELIZABETH JOYCE HERMAN

License Number: ME131046

Data As Of 11/22/2026

Profession	Medical Doctor
License	ME131046
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2029
License Original Issue Date	01/25/2017
Address of Record	5504 Gateway Blvd WESLEY CHAPEL, FL 33544
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
4949 4th Street North
SAINT PETERSBURG, FL 33703

Address
13531 State Rd 54
ODESSA, FL 33556

Address
3301 W Gandy Blvd
TAMPA, FL 33611

Address
11969 Sheldon Rd
TAMPA, FL 33626

Address
4505 Gunn Highway
TAMPA, FL 33624

Address
11406 US Hwy 301 S
RIVERVIEW, FL 33578

Address
303 W Palm Ave
TAMPA, FL 33602

Address
7601 Seminole Blvd
SEMINOLE, FL 33772

Address
3251 66th St. North
SAINT PETERSBURG, FL 33710

Address
16521 US Hwy 301 S
SUN CITY CENTER, FL 33573

Address
799 Lumsden Rd
BRANDON, FL 33511

Address

5464 Lithia Pinecrest Drive
LITHIA, FL 33547
Address
40545 US Hwy 19N Unit A
TARPON SPRINGS, FL 34689
Address
6182 N US Highway 41
APOLLO BEACH, FL 33572
Address
564 Channelside Drive
TAMPA, FL 33602
Address
13856 N Dale Mabry HWY
TAMPA, FL 33618
Address
2810 W MLK Jr Blvd
TAMPA, FL 33607
Address
22945 State Road 54
LUTZ, FL 33549
Address
19027 Wingshooter Way
LUTZ, FL 33558

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
BLIZARD, LEAH MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111583	10/21/2026
FROMMANN, NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	81429	6/15/2021
FROMMANN, NICOLE	SUBORDINATE	MEDICAL DOCTOR	81429	6/15/2021
GIBBONS, NICOLE M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107929	10/21/2026

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

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