



## ELIZABETH JOYCE HERMAN

## License Number: ME131046

Data As Of 1/12/2026

Profession	Medical Doctor
License	ME131046
License Status	Clear/Active
License Expiration Date	1/31/2027
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

19027 Wingshooter Way  
LUTZ, FL 33558

## Address

22945 State Road 54  
LUTZ, FL 33549

## Address

2810 W MLK Jr Blvd  
TAMPA, FL 33607

## Address

13856 N Dale Mabry HWY  
TAMPA, FL 33618

## Address

564 Channelside Drive  
TAMPA, FL 33602

## Address

6182 N US Highway 41  
APOLLO BEACH, FL 33572

## Address

40545 US Hwy 19N Unit A  
TARPON SPRINGS, FL 34689

## Address

5464 Lithia Pinecrest Drive  
LITHIA, FL 33547

## Address

799 Lumsden Rd  
BRANDON, FL 33511

## Address

16521 US Hwy 301 S  
SUN CITY CENTER, FL 33573

## Address

3251 66th St. North  
SAINT PETERSBURG, FL 33710

## Address

7601 Seminole Blvd

SEMINOLE, FL 33772

**Address**

303 W Palm Ave  
TAMPA, FL 33602

**Address**

11406 US Hwy 301 S  
RIVERVIEW, FL 33578

**Address**

4505 Gunn Highway  
TAMPA, FL 33624

**Address**

11969 Sheldon Rd  
TAMPA, FL 33626

**Address**

3301 W Gandy Blvd  
TAMPA, FL 33611

**Address**

13531 State Rd 54  
ODESSA, FL 33556

**Address**

4949 4th Street North  
SAINT PETERSBURG, FL 33703

## 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
FROMMANN, NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	81429	6/15/2021
FROMMANN, NICOLE	SUBORDINATE	MEDICAL DOCTOR	81429	6/15/2021
MURPHY WONG, VICTORIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112055	5/21/2021

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

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enforcement database.

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