

JENNIFER MCCLEARY

License Number: PA9111593

Data As Of 11/27/2025

Profession Physician Assistant

License PA9111593
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

No

License Expiration Date 1/31/2026
License Original Issue Date 09/14/2018

Address of Record 3301 W Gandy Blvd TAMPA, FL 33611

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

11969 Sheldon Rd TAMPA, FL 33626

Address

4505 Gunn Hwy TAMPA, FL 33624

Address

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

Address

11406 S. US Highway US-301

RIVERVIEW, FL 33578

Address

799 Lumsden Rd

BRANDON, FL 33511

Address

16521 US-301

WIMAUMA, FL 33598

Address

5464 Lithia Pinecrest Dr

LITHIA, FL 33547

Address

303 W. Palm Ave

TAMPA, FL 33602

Address

564 Channelside Dr.

TAMPA, FL 33602

Address

66th Street North

SAINT PETERSBURG, FL 33710

Address

7601 Seminole Blvd SEMINOLE, FL 33772

Address

40545 US Hwy. 49 N.

TARPON SPRINGS, FL 34689

Address

6182 N. US Hwy. 41

APOLLO BEACH, FL 33572

Address

2810 W. MLK Jr. Blvd

TAMPA, FL 33607

Address

13856 N. Dale Mabry Hwy.

TAMPA, FL 33618

Address

4949 4th Street N.

SAINT PETERSBURG, FL 33703

Address

22945 State Rd. 54

LUTZ, FL 33549

Address

13531 State Rd. 54

ODESSA, FL 33556

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:

- ${\it 1. Full name and license number of the practitioner};\\$
- $2. \ \mbox{Name}$ 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
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	03/21/2025
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	03/21/2025

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

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