Florida HEALTH Department of Health

MEERA GHAYAL

License Number: OS15784

Data As Of 10/29/2026

Profession	Osteopathic Physician
License	OS15784
License Status	Clear/Active
License Expiration Date	3/31/2028
License Original Issue Date	01/03/2019
Address of Record	3301 W. Gandy Blvd TAMPA, FL 33611
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
6182 N US Hwy 41
APOLLO BEACH, FL 33572

Address
11969 Sheldon Rd
TAMPA, FL 33626

Address
5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address
16521 US Hwy 301
WIMAUMA, FL 33598

Address
11406 US 301 S.
RIVERVIEW, FL 33578

Address
5464 Lithia Pinecrest Rd
LITHIA, FL 33547

Address
4505 Gunn Highway
TAMPA, FL 33624

Address
799 W. Lumsden Rd
BRANDON, FL 33511

Address
40545 US Hwy 19 N.
TARPON SPRINGS, FL 34689

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

Address
7601 Seminole Blvd
SEMINOLE, FL 33772

Address
564 Channelside Drive

TAMPA, FL 33602

Address

303 W. Palm Avenue

TAMPA, FL 33602

Address

4949 4th St. N

SAINT PETERSBURG, FL 33703

Address

13531 State Rd 54

ODESSA, FL 33556

Address

13856 N Dale Mabry Hwy

TAMPA, FL 33618

Address

2810 W. MLK Jr Blvd

TAMPA, FL 33607

Address

22945 State Rd 54

LUTZ, FL 33549

Address

19027 Wingshooter Way

LUTZ, FL 33558

Address

42060 Cypress Parkway

PUNTA GORDA, FL 33982

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	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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