



## MEERA GHAYAL

License Number: OS15784

Data As Of 10/8/2025

Profession	Osteopathic Physician
License	OS15784
License Status	Clear/Active
License Expiration Date	3/31/2026
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

19027 Wingshooter Way  
LUTZ, FL 33558

### Address

22945 State Rd 54  
LUTZ, FL 33549

### Address

2810 W. MLK Jr Blvd  
TAMPA, FL 33607

### Address

13856 N Dale Mabry Hwy  
TAMPA, FL 33618

### Address

13531 State Rd 54  
ODESSA, FL 33556

### Address

4949 4th St. N  
SAINT PETERSBURG, FL 33703

### Address

303 W. Palm Avenue  
TAMPA, FL 33602

### Address

564 Channelside Drive  
TAMPA, FL 33602

### Address

7601 Seminole Blvd  
SEMINOLE, FL 33772

### Address

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

### Address

40545 US Hwy 19 N.  
TARPON SPRINGS, FL 34689

### Address

799 W. Lumsden Rd

BRANDON, FL 33511

[Address](#)

4505 Gunn Highway

TAMPA, FL 33624

[Address](#)

5464 Lithia Pinecrest Rd

LITHIA, FL 33547

[Address](#)

11406 US 301 S.

RIVERVIEW, FL 33578

[Address](#)

16521 US Hwy 301

WIMAUMA, FL 33598

[Address](#)

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

[Address](#)

11969 Sheldon Rd

TAMPA, FL 33626

[Address](#)

6182 N US Hwy 41

APOLLO BEACH, FL 33572

## 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	SUBORDINATE	MEDICAL DOCTOR	81429	6/15/2021

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

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