



### BAO-KHUYEN NGUYEN LY

License Number: PA9112468

Data As Of 4/18/2025

Profession	Physician Assistant
License	PA9112468
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/05/2019
Address of Record	13670 Walsingham Rd LARGO, FL 33774
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

11178 State Road 54, Suite B  
NEW PORT RICHEY, FL 34655

[Address](#)

11921 N. Dale Mabry Hwy, Ste 7  
TAMPA, FL 33618

[Address](#)

1599 66th Street N  
SAINT PETERSBURG, FL 33710

[Address](#)

6455 Gulf Blvd  
ST PETE BEACH, FL 33706

[Address](#)

2331 4th Street North  
SAINT PETERSBURG, FL 33704

[Address](#)

3351 N McMullen Booth Rd  
CLEARWATER, FL 33761

[Address](#)

17152 Donna Michelle Drive  
TAMPA, FL 33647

[Address](#)

244 bloomingdale ave  
VALRICO, FL 33596

[Address](#)

18610 Fern View st  
LAND O LAKES, FL 34638

[Address](#)

10125 Big Bend Rd  
, 33578

[Address](#)

3440 W. Dr MLK Blvd #100  
TAMPA, FL 33607

### Address

711 S Belcher Road  
CLEARWATER, FL 33764

### Address

4821 US Hwy , Suite 5  
NEW PORT RICHEY, FL 34652

### Address

1155 S. Dale Mabry Hwy, Ste 7  
TAMPA, FL 33629

### Address

400 1st St . N  
WINTER HAVEN, FL 33881

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	11/18/2020

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

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