



JENNIFER LYNN VAN KEULEN

License Number: PA9115519

Data As Of 8/22/2025

| | |
|--|-----------------------------------|
| Profession | Physician Assistant |
| License | PA9115519 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 01/14/2022 |
| Address of Record | 303 W Palm Ave TAMPA, FL 33602 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| 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 M.L.K. Jr Blvd
TAMPA, FL 33607

Address

13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address

4949 4th Street North
SAINT PETERSBURG, FL 33703

Address

13531 State Rd. 54
ODESSA, FL 33556

Address

3301 W Gandy Blvd
TAMPA, FL 33611

Address

5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address

11969 Sheldon Road
TAMPA, FL 33626

Address

4505 Gunn Highway
TAMPA, FL 33624

Address

11406 US Hwy 301 S
RIVERVIEW, FL 33578

Address

7601 Seminole Blvd
SEMINOLE, FL 33772

[Address](#)

3251 66th St North
SAINT PETERSBURG, FL 33710

[Address](#)

799 W Lumsden Rd
BRANDON, FL 33511

[Address](#)

16521 US Hwy 301 S
WIMAUMA, FL 33598

[Address](#)

564 Channelside Dr
TAMPA, FL 33602

[Address](#)

5464 Lithia Pinecrest Drive
LITHIA, FL 33547

[Address](#)

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

[Address](#)

6182 N US Highway 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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------|-------------------------------------|----------------|---------|----------------|
| NANDA, PAUL KALRA | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 117861 | 10/13/2023 |

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

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