

## **CASSANDRA JOELLE OWENS**

# License Number: PA9116070

Data As Of 11/27/2025

Profession Physician Assistant

License PA9116070
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

Yes

License Expiration Date 1/31/2026 License Original Issue Date 06/14/2022

Address of Record 6117 Gunn Highway

TAMPA, CITRUS PARK, FL 33625

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 W 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

3301 W. Gandy Blvd

TAMPA, FL 33611

### Address

3251 66th Street North

SAINT PETERSBURG, FL 33710

#### Address

7601 Seminole Blvd

SEMINOLE, FL 33772

#### Address

40545 US Hwy. 19 N

TARPON SPRINGS, FL 34689

#### Address

6182 N US Hwy 41

APOLLO BEACH, FL 33572

#### Address

2810 W Martin Luther King Jr.

**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:

- 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
EPTING, TIMOTHY CHARLES	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11197	07/01/2022
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	06/17/2025
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	06/17/2025

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