



NICOLE FREEDE

License Number: PA9118046

Data As Of 11/24/2024

Profession	Physician Assistant
License	PA9118046
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/06/2023
Address of Record	13531 State Road 54 ODESSA, FL 33556
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

3301 w. gandy blvd
TAMPA, FL 33611

Address

5504 gateway blvd
WESLEY CHAPEL, FL 33544

Address

11969 sheldon rd
TAMPA, FL 33626

Address

4505 gunn highway
TAMPA, FL 33624

Address

11406 US Hwy 301 S
RIVERVIEW, FL 33578

Address

303 w palm ave
TAMPA, FL 33602

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
RUSKIN, FL 33573

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

Address

4949 4th Street N
SAINT PETERSBURG, FL 33703

Address

13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address

2810 W MLK Jr Blvd
TAMPA, FL 33607

Address

22945 State road 54
LUTZ, FL 33549

Address

19027 wingshooter way
LUTZ, FL 33558

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	10/23/2023
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	10/13/2023

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

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