Florida HEALTH Department of Health

MIRANDA MARIE POWELL

License Number: PA9118890

Data As Of 11/24/2026

Profession	Physician Assistant
License	PA9118890
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	06/13/2024
Address of Record	564 Channelside Dr 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
22945 State Road 54
LUTZ, FL 33549

Address
19027 Wingshooter Way
LUTZ, FL 33558

Address
13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address
13531 State Road 54
ODESSA, FL 33556

Address
4949 4th Street N.
SAINT PETERSBURG, FL 33703

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

Address
3251 66th St. North
SAINT PETERSBURG, FL 33710

Address
7601 Seminole Blvd
SEMINOLE, FL 33772

Address
303 W Palm Ave
TAMPA, FL 33602

Address
5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address
3301 W. Gandy Blvd
TAMPA, FL 33611

Address

799 W Lumsden Rd
BRANDON, FL 33511

Address

16521 US Hwy 301 S
SUN CITY CENTER, FL 33573

Address

5464 Lithia Pinecrest Drive
LITHIA, FL 33547

Address

6182 N US Highway 41
APOLLO BEACH, FL 33572

Address

11406 US Hwy 301 S
RIVERVIEW, FL 33578

Address

4505 Gunn Hightway
TAMPA, FL 33624

Address

11969 Sheldon Road
TAMPA, FL 33626

Address

2810 W M.L.K Jr Blvd
TAMPA, FL 33607

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 PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	07/24/2024

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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