

STACY MATHEW

License Number: PA9119928

Data As Of 11/27/2025

Profession Physician Assistant

License Status PA9119928

Clear/Active

Qualifications Dispensing Practitioner

Prescribing

No

License Expiration Date 1/31/2026 License Original Issue Date 02/28/2025

Address of Record 11406 S. US Highway US-301

RIVERVIEW, FL 33578

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

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

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:

- ${\it 1. Full name and license number of the practitioner};\\$
- $2. \ \mbox{Name}$ 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	06/17/2025
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	06/17/2025

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

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