



## KIMBERLY MARINA AGUILAR

### License Number: PA9119830

Data As Of 1/12/2026

Profession	Physician Assistant
License	PA9119830
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	02/11/2025
Address of Record	5464 Lithia Pinecrest Dr LITHIA, FL 33547
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

13531 State road 54  
ODESSA, FL 33556

#### Address

22945 state road 54  
LUTZ, FL 33549

#### Address

4949 4th street N.  
SAINT PETERSBURG, FL 33703

#### Address

13856 N Dale Mabry HWY  
TAMPA, FL 33618

#### Address

2810 W. Martin Luther King Jr Blvd  
TAMPA, FL 33607

#### Address

6182 N US HWY. 41  
APOLLO BEACH, FL 33572

#### Address

40545 US HWY 19 N  
TARPON SPRINGS, FL 34689

#### Address

7601 seminole blvd  
SEMINOLE, FL 33772

#### Address

66th street North  
SAINT PETERSBURG, FL 33710

#### Address

3301 W. Gandy Blvd  
TAMPA, FL 33611

#### Address

564 Channelside Dr  
TAMPA, FL 33602

#### Address

303 W. Palm Ave  
TAMPA, FL 33602  
[Address](#)  
5464 Lithia Pinecrest Dr  
LITHIA, FL 33547

[Address](#)  
16521 US-301  
WIMAUMA, FL 33598

[Address](#)  
799 W Lumsden Road  
BRANDON, FL 33511

[Address](#)  
11406 S. US Highway US-301  
RIVERVIEW, FL 33578

[Address](#)  
5504 gateway blvd  
WESLEY CHAPEL, FL 33544

[Address](#)  
4505 Gunn HWY  
TAMPA, FL 33624

[Address](#)  
11969 sheldon road  
TAMPA, FL 33626

## 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	06/17/2025

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

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