



## JESSICA LUCKADO CAVENY

License Number: PA9120022

Data As Of 4/21/2026

|  |  |
|--|--|
| Profession   | Physician Assistant                      |
| License  | PA9120022                                |
| License Status   | Clear/Active                             |
| Qualifications   | Dispensing Practitioner                  |
| License Expiration Date  | 1/31/2028                                |
| License Original Issue Date  | 03/25/2025                               |
| Address of Record  | 14044 SE 48th Avenue<br>STARKE, FL 32091 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No                                       |
| Discipline on File   | No                                       |
| Public Complaint   | No                                       |

### Secondary Locations

[Address](#)

10251 Sorrento Rd  
PENSACOLA, FL 32507

[Address](#)

5861 Dogwood Drive  
MILTON, FL 32570

[Address](#)

2261 Northwest 43rd Street  
GAINESVILLE, FL 32605

[Address](#)

16314 Northwest US Highway 441  
ALACHUA, FL 32615

[Address](#)

2615 N. Monroe St. Suite #1  
TALLAHASSEE, FL 32303

[Address](#)

1730 Pat Thomas Parkway  
QUINCY, FL 32351

[Address](#)

19545 S State Road 228  
MACCLENNY, FL 32063

[Address](#)

1702 Ohio Ave. N  
LIVE OAK, FL 32064

[Address](#)

542435 US Highway 1  
CALLAHAN, FL 32011

[Address](#)

16 Bahia Avenue Place  
OCALA, FL 34472

### 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 |
|-------------------|--------------------------------------|----------------|---------|----------------|
| PATEL, NICK ROHIT | SUPERVISING DISPENSING PRACTITIONER  | MEDICAL DOCTOR | 113883  | 06/11/2025     |
| PATEL, NICK ROHIT | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 113883  | 06/11/2025     |

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

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