



SUBATHA SUTHAKARAN

License Number: PA9119933

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9119933
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	02/28/2025
Address of Record	5121 Rue Vendome LUTZ, FL 33558
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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 Road
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 33511-6261

[Address](#)

16521 US Hwy 301 S
WIMAUMA , 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](#)

13531 State Road 54
ODESSA, FL 33556

[Address](#)

13856 N Dale Mabry Hwy
TAMPA, FL 33618

[Address](#)

2810 W M.L.K. 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	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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